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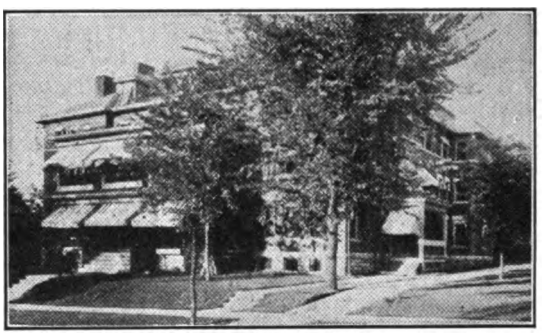

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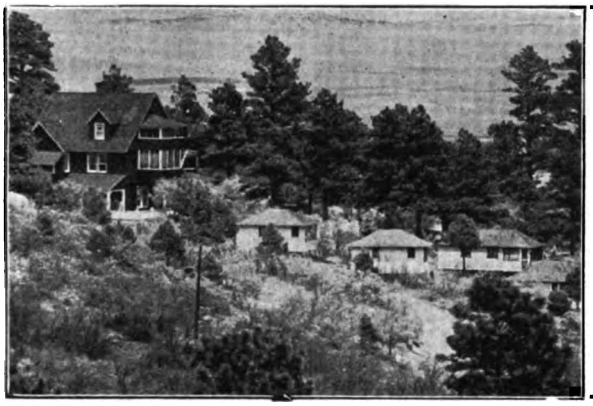

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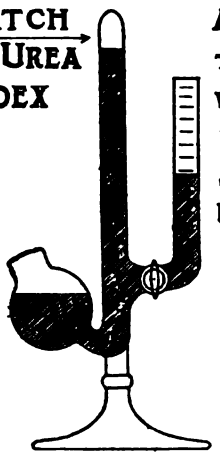

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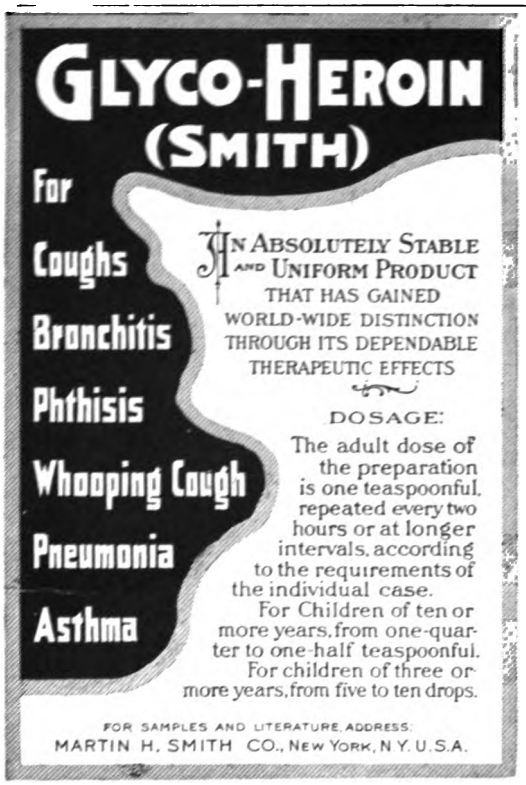

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The following excerpts are taken from The British Medical Journal and are a part of an address delivered by Reginald Alcock, M. B., F. R. C. S. Edin. Dr. Alcock's acquaintance with the use of iodine as the sole dressing for operation wounds dates back over a period of thirty years when he first saw it used in the practice of medicine by his father who was a hospital surgeon.

In opening his address he said, "Medical opinion concerning the utility of iodine as an agent in the production of asepsis has oscillated between contemptuous neglect and unqualified praise. At the present time its virtues are recognized on every hand, and its exceptional usefulness as a skin sterilizant needs no further emphasis, but reliance on its extended efficacy as the sole dressing to be applied to the operation wound from the date of the operation to the discharge of the case, is, I venture to think, a new departure."

Further on in his paper Dr. Alcock says, "Looking through the literature relating to the sterilization of the skin, I have been struck with the fact that special stress is laid upon the difficulty experienced in rendering the deeper layers of the skin sterile, and especially with the fact that any moisture of the skin means the detection of bacteria, where previously they were absent, if attempts had previously been made to discover them on a dry skin."

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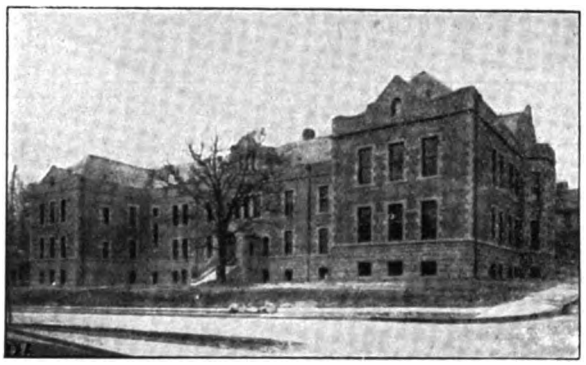

is peculiarly significant in view of Dr. Alcock's theory that the bacteria usually come from the moisture and secretions of the skin itself rather than from without.

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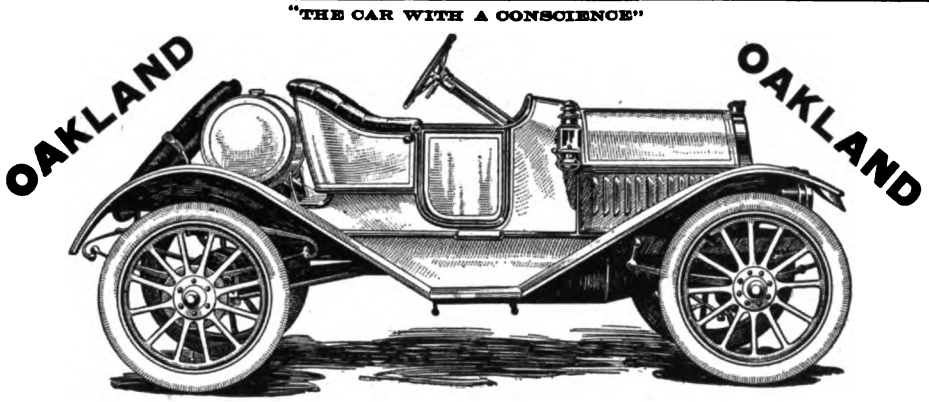

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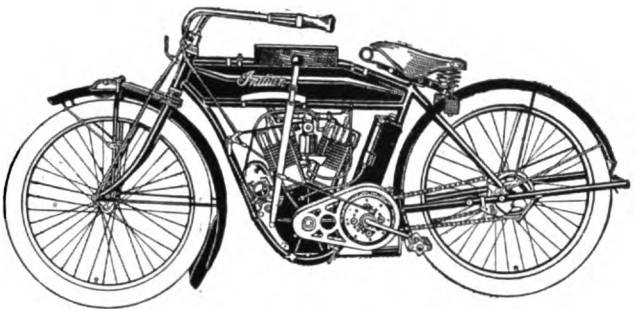

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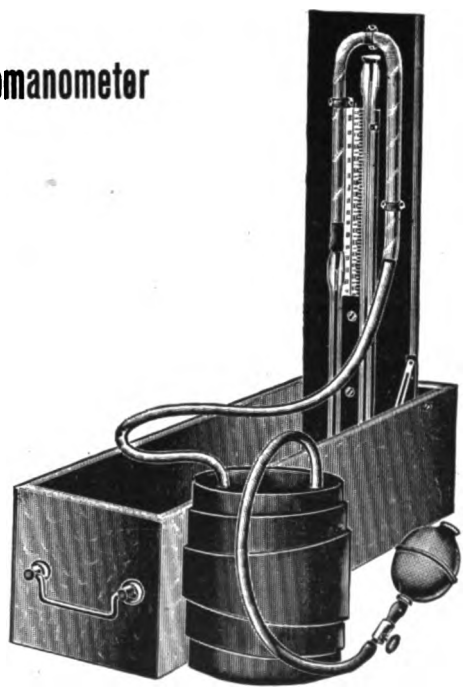

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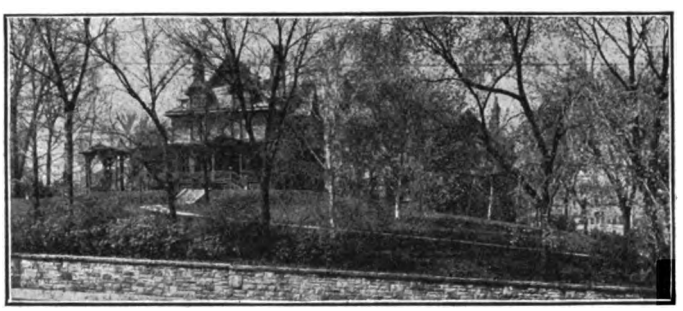

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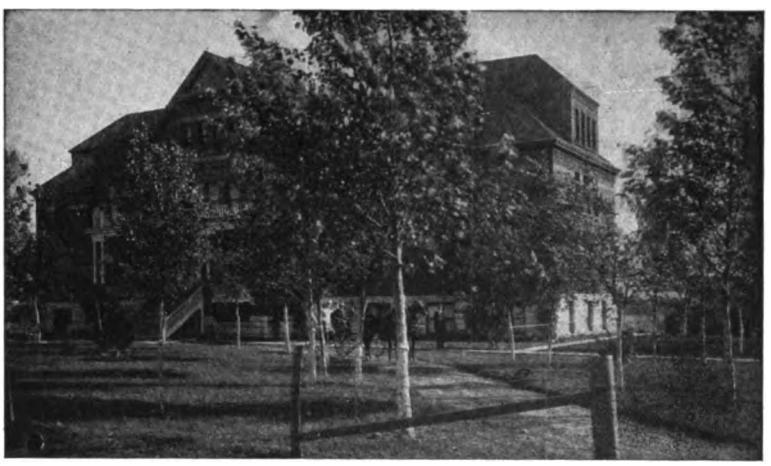

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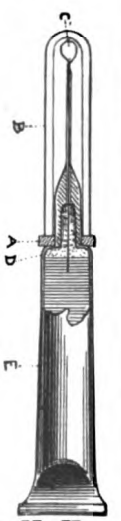

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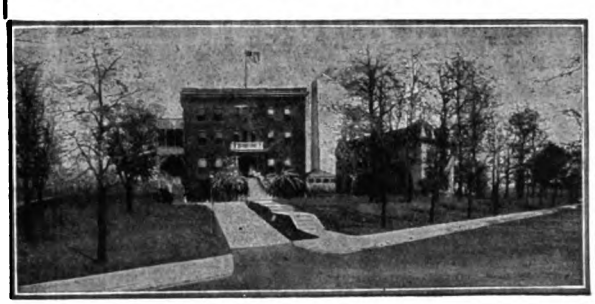

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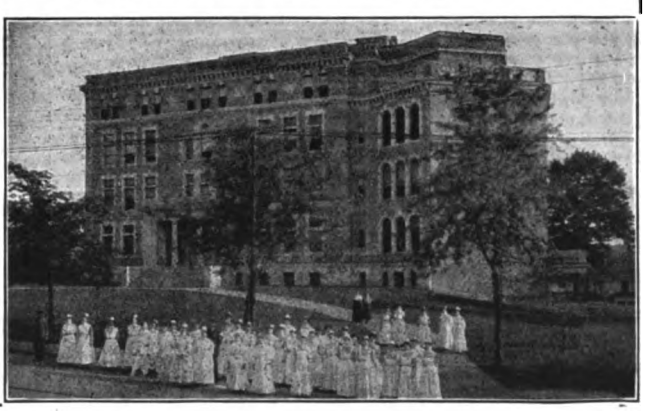

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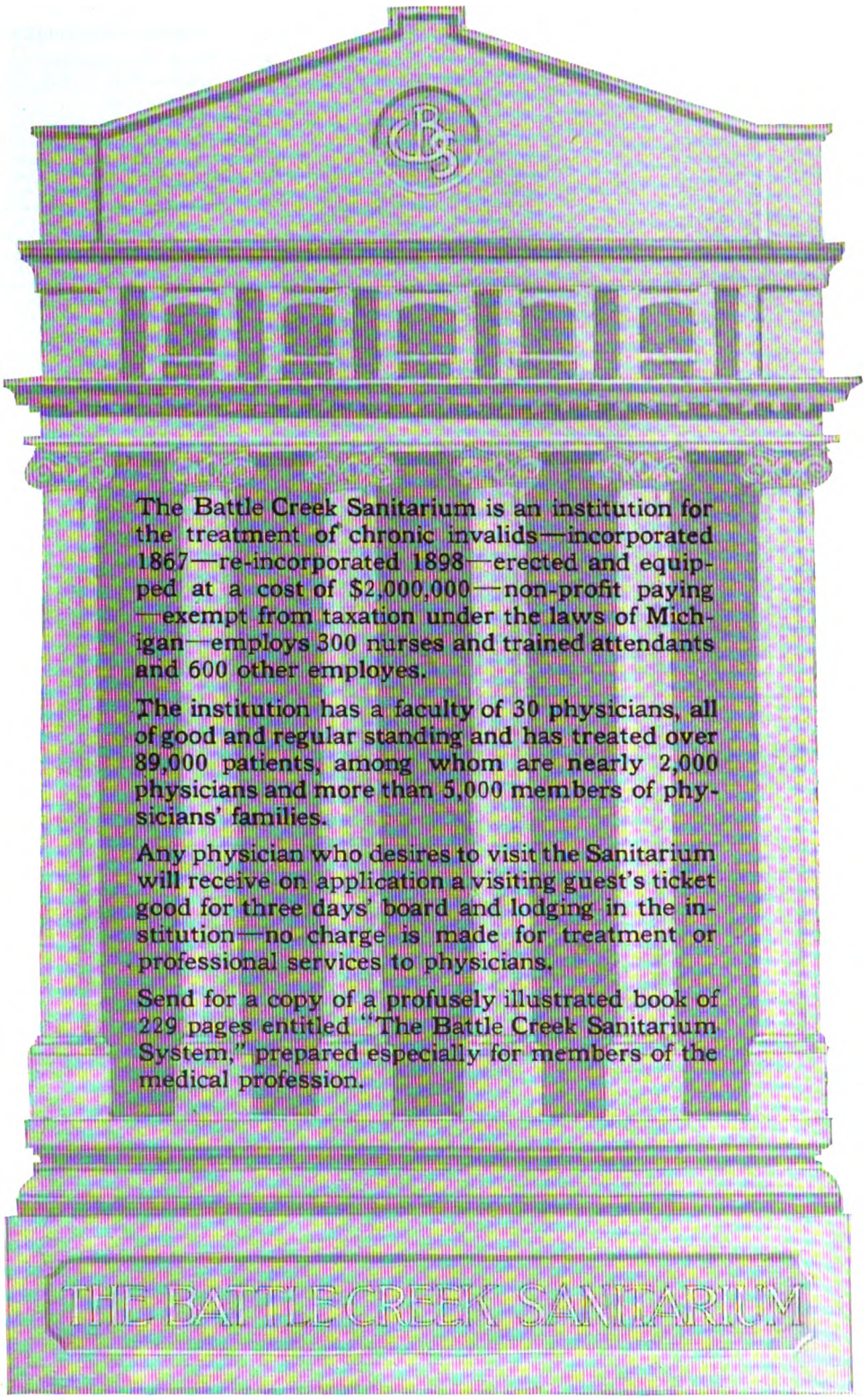

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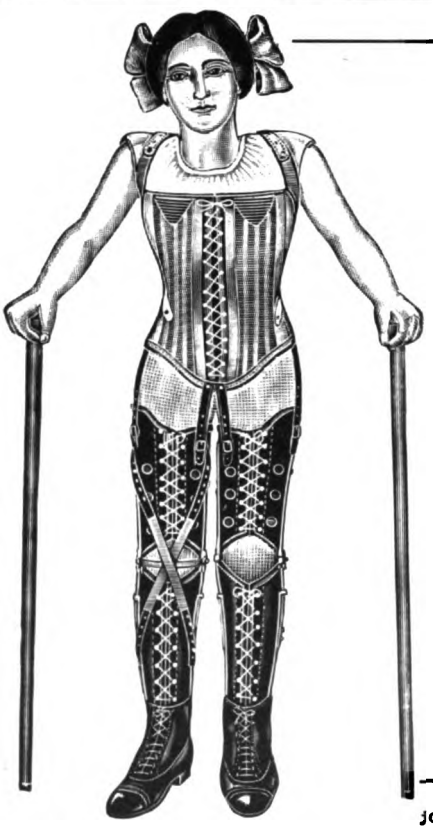

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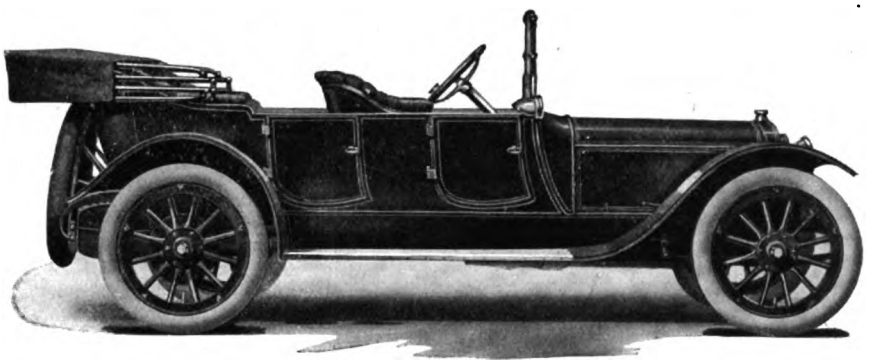

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Published Monthly by Western Medical Review Company, 701 So. 13th Street, Omaha, Neb. Per Annum, $2.00, 20c per copy. The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879. Telephone Douglas 1290.

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Vol. XIX. OMAHA, NEB., FEBRUARY, 1914 No. 2

EDITORIAL

Fee Splitting—A Proposed Remedy.

The Review received sometime ago, November 17, 1913, the following lines from one of the members of the editorial staff:

"Why not have someone get up an entirely *ethical*, but *iron-clad* agreement, that the subscribers will not split fees and will instantly report those who do, and also those who ask for a *rake-off*. Such a list to be hoisted on the first page of the Western Medical Review for January, 1914."

Now this may sound daring; but it will surely be done *somewhere* and *sometime* in 1914. Why not first by the Western Medical Review?

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This suggestion was shown to some of the profession, who are outspoken in regard to fee splitting, both as to the offer and the demand of such unholy division of fees.

The Review concluded to print this suggestion without comment, but with the earnest request to its readers to express themselves freely upon this subject. Communications received, of course, will be considered personal, if addressed to the Editor of the Review, and marked "fee splitting."

Will our contemporaries take up this matter?

Hospital vs. Jail.

A new law passed by the Wisconsin legislature, known as Section 3978 of the general statutes, authorizes the commitment of habitual drunkards and habitual criminals to hospitals intead of to prisons. The district attorney in Milwaukee, Edward J. Yockey, says: "We have the law, and we mean to take advantage of it." He acts by selecting as his first cases a woman now serving her eightieth term in the House of Correction for drunkenness, and an attorney who once headed the prohibition movement in Wisconsin and was widely known as a capable and wise legal adviser, but who by the use of alcohol became a physical and mental wreck. This civil enactment and legal proceeding to treat drunkenness as a disease is a direct result of medical teaching. To the medical profession alone is due the enunciation of the fact that alcohol introduced into the system is potential for disease, no less certainly than the germs of tuberculosis, typhoid, diphtheria, pneumonia, and other infectious or contagious organisms. The world-wide wave for prohibiting the drinking of alcoholics is supporting the evidence of experience that it is an hindrance to the economic value of the individual who uses it. The man or woman who regards the drunkard as a willful transgressor who should by admonition "be good" or accept punitory punishment, are to be pittied for their want of known facts, rather than commended for their righteous zeal in checking a public evil. Consistency would compel like treatment for the effects of the social evil on the

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individual. Far be it from the writer to minimize the power of moral training by parents, care-takers of our children, and teachers in our schools, to prevent the beginnings of drunkenness, crime and sensuality. Mental culture is a splendid equipment for intelligent service when controlled by moral rightness, otherwise it may be an equally potent qualification for initiating and propagating destructive habits in the individual and society. Great honor is due, and much credit given, to the forces of moral instruction to prevent drunkenness by prohibiting the manufacture of alcohol, and its use as a beverage. The medical profession as a body are leaders in teaching prevention; we recognize as no other class can the many failures of mankind to accept the right when they know it is right and reject the wrong when they know it is wrong. We look beyond these moral lapses that produce the disease, and insist on treatment to restore at least a measure of the economic value of the individual to society. It is the stubborn persistence of selfishness in those who claim "the inalienable right to do as they please," that necessitates civil enactments to protect the innocent, punish the criminal, and compel the diseased to accept treatment. When the persons diseased by alcohol or the germs of the social evil are isolated as scarlet fever, diphtheria and smallpox, and deprived of freedom from mingling in society till cured, or rendered incapable of wronging their associates, the teachings of medicine will be an accomplished fact.

JOSEPH M. AIKIN,
Brandeis Building, Omaha.

Parenteral vs. Oral Nutrition.

Scarcely ten years have passed since Oppenheimer proposed the word "parenteral" to express a mode of introducing foodstuffs into the body by some path other than *per os.* Parenteral nutrition has thus become contrasted with oral feeding, and the new term has already found a wide acceptance. The possibilities and problems of furnishing food to the organism, subcutaneously, intravenously, intraperitoneally, or even intra-

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muscularly, have been the subject of discussion, particularly with reference to conditions of a pathologic nature when the usual practice of feeding by way of the mouth has to be abandoned for some reason or other. The result of most of the work in this field has been to demonstrate the futility of attempting to furnish food to the cells of the body in any form other than that in which it is usually prepared by the digestive processes. Paradoxical as it may sound, most of the ordinary nutrients behave like poisons in the body when they are introduced as such parenterally and meet the tissue of the individual in their native form. Few carbohydrates can be injected directly, that is, parenterally, and become utilized in any direct manner. Cane-sugar, for example—one of the commonest of dietary ingredients—is managed like a foreign substance whenever it reaches the blood stream in its original chemical form. The kidneys quickly eliminate it in good measure. Appropriately emulsified fats may experience a somewhat better fate, though they tend to remain deposited a long time at the site of their parenteral introduction, unles it be directly into the swiftly moving blood stream. For proteins the practical possibilities of parenteral administration have been eliminated almost entirely. With the danger of death by anaphylactic shock ever present, few physicians would venture to furnish unaltered proteins to patients by a parenteral route. The hope of the future in the direction of parenteral nutrition lies in devising satisfactory practical schemes for employing not the dangerous native proteins, fats and carbohydrates, but rather such digested representatives thereof as are normally prepared out of our foodstuffs in the alimentary processes and are furnished for absorption. As we have remarked on previous occasions, there is an excellent opportunity for useful work in this direction to supplant oral nutrition whenever for the time being it becomes a practical impossibility.—J. A. M. A.

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ORIGINAL ARTICLES

Some Basic Principles in the Treatment of Nephritis.

*By ARTHUR D. DUNN, M. D., Omaha

Since the discovery in 1905 of the selective action of uranium nitrate on the kidney, the experimental method has been assiduously applied to the study of nephritis. Much work has been done with other agents, such as corrosive sublimate, cantharidin, potassium bichromate, nephrotoxic sera, diphtheria toxin, arsenic, venom, essential oils, etc. The selective action of different agents for various parts of the renal system has been studied, and effort had been made to bring the results into harmony with Haidenhain's theory of renal secretion and with the laws of osmosis. The problem of nephritis seems to be hopelessly clouded until we come to Fischer's work. This worker has met the harsh criticism usually meted out to one who boldly attempts to upset prevailing notions. My beilef in Fischer's colloidal conception of nephritis has grown with experience. The theory is based on well worked out and thoroughly analyzed experimental evidence. It therefore merits consideration even in the face of negative therapeutic results. To be sure much remains to be learned in the application of the principles of colloid chemistry to physiology and pathology. Failures in treatment have been frequent, but the successes have been none the less impressive.

The acidosis conception of nephritis grew out of an extended series of experiments in an inquiry into the nature and cause of oedema. Nephritis forced itself into the investigation as a corollary of the oedema problem. The cause of oedema was found to "reside in the tissues." The swelling and shrinking of the tissues was found to follow the laws of hydration and dehydration of colloids. The secretion of urine by the kidney colloids depends on the absorption of water from the blood stream on the one hand and the giving it up into the urinary tubules on the other.

Let us consider the factors that determine the absorption of water by colloids.

Increase in the acid content of a colloid, whether living or dead, will cause it to take up available water.

Any agent that will decrease the acidity of a colloid will cause it to give up water.

---

*Read before the Omaha-Douglas County Medical Society, Oct. 9, 1913.

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Although neutralization of the acid H. of a colloid will cause it to loose water, yet if sufficient alkali be used to render the colloid alkaline, water will again be taken up in proportion to the alkalization. This property is spoken of as reversibility. From continuous presence of an increased amount of acid, the colloid may become irreversible, i. e., the ability to take up or loose water with change in the acid or salt content is lost. This partly explains the inefficiency of the alkaline-salt treatment in chronic parenchymatous nephritis.

Colloids give up water when placed in certain salt solutions. In order to bring about shrinkage of a colloid, the salt solutions must be hypertonic to the colloid, i. e., the concentration of the salt in which the colloid is placed must be higher than the salt content of the colloid itself. The higher the concentration up to a certain point, the more water the salt solution abstracts from the colloids. Not all salts act the same; with the same acid radical their bases arrange themselves in the following order, the least dehydrating first: Sodium, magnesium, strontium, calcium. With the same base but with different acid radicals they arrange themselves as follows: Chloride, bromide, iodide, acetate, sulphate, phosphate. Fischer has shown experimentally that the diuretic action of the different salts parallels completely their dehydrating effect on protein colloids. This proves that their action rests upon their influencing the body as a whole and that they act as diuretics only so far as they furnish the secreting kidney with free water.

The water in our body is held largely by the colloids as hydration water. In order for secretion to occur free water must be furnished, i. e., the body colloid must be saturated before any water is available for secretion. Many failures in treatment with salt solutions are thus explained. Hypotonic solutions, or not enough of hypertonic, are given. The blood therefore remains hypotonic to the tissues and all the free water taken in with solution is quickly absorbed by the tissue and the oedema increases.

Treatment with the Fischer method must always hold the following principles in mind:

(1) Sufficient alkali must be given to decrease the acidity of the tissues and kidney, and thus lessen their capacity to hold water.

(2) Salt must be given in hypertonic solutions to draw the water out of the tissues in order to supply the kidneys with free water to make urine.

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(3) The treatment is *symptomatic,* not *specific.* It is directed against the acidosis, which is the result of some underlying cause. It is most efficacious where the cause is acute and transitory, such as in acute toxic nephritis, eclampsia, etc.

(4) The kidney trouble is merely a local and an easily recognized manifestation of a general acidosis.

PATHOLOGY.

When we turn our attention for a moment to the pathology of nephritis we find the histological criteria on which we diagnose inflammation elsewhere discarded. Exclusive of the acute interstitial focal nephritis, such as occurs occasionally in scarlatina (Councilman), the acute endocarditic type described by Libman and Baer, certain acute and sub-acute glomerulonephritides, and suppurative nephritis, the acute nephritides do not as a rule *present the accepted features of inflammation.* Polymorpho-nuclear invasion is absent and round-celled infiltration is minimal. The picture of acute diffuse nephritis, with the above exceptions, can be produced at will in the laboratory by putting slices of normal kidney in a weak acid solution (.002 Hcl.)

Chronic interstitial nephritis does not seem to me to be an inflammation at all, but a *degenerative process secondary to arterial disease.* Incident to diminished blood supply from gradual obliteration of an artery, a section of the cortex or a glomerular system swells, becomes gray, discharges albumen and casts, disintegrates, and its place is taken later by proliferating fixed tissue cells. This explains why albumen is present at one time and absent at another. Early in the disease when the cutting out is at infrequent intervals albumen is found by chance. Later, when the cutting out occurs frequently, albumen is constant. This form differs radically from the chronic parenchymatous by the lack of oedema, except with failure of compensation, or with marked increase from some external cause in the acidosis. (It should be understood that in our use of the term nephritis, unless qualified, we do it with the full knowledge that with the certain exceptions it is not a true inflammation in any sense of the word.)

Acute nephritis is characterized chiefly by certain urinary findings, by oedema, by symptoms on the part of the central nervous system, such as stupor, coma, convulsions, disturbed vision, etc. This condition can be produced experimentally in the laboratory by injection of a dilute acid into the circulation of an animal. *Removal of the kidneys fails* to produce the

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symptoms. Therefore the oedema is not due to the failure of the kidney to functionate. From the above and numerous confirmatory experiments the basic fact is deduced that parenchymatous nephritis is merely a *local manifestation of a general acidosis,* in the same manner as a papilledema, a glaucoma, a wet brain, or an anasarca.

THE DECHLORINATION TREATMENT.

Because a paper on the modern French conception of nephritis was read and much commented on at the last meeting of the Missouri Valley Medical society, I cannot refrain from paying this conception some attention. Widal, Lemierre, Castigne, Lepine, Javal, Strauss, Achard and many others have interested themselves in the problem of sodium chloride elimination and have constructed a therapeutic system on this basis. Attention was attracted to salt retention as the cause of oedema by the fact that in cases of rapidly developing oedema there was a marked decrease in the total output of sodium chloride. It was not emphaszied that salt and water excretion went hand in hand. Retention of salt as a possible index of water retention was discarded. With restriction of salt (of course there was less water drinking), combined with other favorite methods of treatment, polyuria with corresponding excretion of salt ensued, and ergo—the *materia peccans* was the chlorides. It was advanced that there must be an equilibrium between the amount of salt in the body and the amount of water. For every twelve grains of salt there must be one and a half to two liters of water retained; in other words, there must be enough water to make a physiological salt solution. The dehydrating power of hypertonic salt solutions was either not known or not appreciated. The kidney is considered as an *osmotic* membrane and the laws of osmosis are used to explain secretion, and authors speak of the "permeability of the filter for salt."

The basic experimental work for this theory has been done on cases, that is, on diseased kidneys, and under conditions which make the number of variables so great that the results are most difficult of correct interpretation. In experiments in physics or chemistry one is allowed *two vaiarbles* at the most; all the other factors must be constants. In the experiments on nephritis by the French school and its followers the reverse is seen—*we have one or two constants and many variables.*

Let us analyze one of these clinical experiments. We quote from Widal and Lemierre (Ergebnisse der Inneren Medizin u. Kinderheilkunde): "Milk contains on the average 1.6 grams

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of chloride per liter so that the daily ration shows a total of five to six grams (the patient is given three to four liters of milk per diem! !) That is too much (chloride) for a patient with chloride retention whose renal permeability for salt often lies under this amount. We recently observed a young man with parenchymatous nephritis who showed a daily demonstrable dehydration and dechlorination on a diet of bread, meat and potatoes, which represented altogether 1.5 gm. of salt. When this mixed chloride—pood diet—was substituted by a daily allowance of three liters of milk there was an increaes in body weight of three kilos in five days and an increase in his oedema." Four grams of chloride is held responsible for the oedema; the possibility of the 120 grams of albumen contained in the three liters of milk being a factor, is not even hinted. One feels the chloride to be much in the same position as the fly who sat on the axle of the rapidly moving chariot, saying: "See what a dust I am raising."

Widal holds the influence of urea is practically nil in producing oedema, although it can be easily demonstrated in the laboratory that urea is one of the most potent substances which we can use to hydrate colloids. Koranyi speaks of a concentration of 5.7 NaCl. pro mille in the oedema fluid which "distends the tissue interstices." We must emphasize the fact that a 5.7 pro mille sodium chloride *solution is hypotonic.*

The French school divides uremia into two classes: "Dry uremia," such as we get in chronic interstitial nephritis, which is due to retention of urea, and "hydropic uremia," which is due to chloride retention. This classification is based on whether oedema exists or not. Now the symptoms of uremia are mostly cerebral, viz., headache, papilledema, convulsions, vomiting, stupor, coma. The most constant pathological brain finding is oedema. This is true whether there be general oedema or not, so that a division into generic types on the dry and wet basis goes by the board. In the first instance the oedema is local; in the second it is part of a generalized oedema.

In the literature consulted there is little critical consideration of salt concentration. The good results of the Carrel cure for dropsical condition in which *myocardial insufficiency* plays a prominent role are in a large part due to concentration of the body salts resulting from the restricted fluid intake. The restriction of the water intake is urged in the dechlorination cure. We read that "for edematous nephritis especially for those with beginning myocardial weakness it is of importance not to ex-

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ceed one to one and a half liters of fluid per diem." A bit of addition will show us that on a 1200 c.c. intake per diem the body suffers a concentration of the body fluids, and therefore a salt concentration. In twenty-four hours we lose at room temperature about 600 c.c. of water through the skin and 450 c.c. through the lungs; add to this 250 c.c. in the feces and 1000 c.c. in the urine, and we have a total daily loss of 2,300 c.c., or about 1,100 c.c. in excess of the maximum intake allowed the patient. In addition the output is often increased by the action of a saline (an alkali salt, by the way) on the bowels. This is an important variable that has not been duly estimated by the French school.

In their experiments they do not use *hypertonic* solutions, i. e., more than 0.8 per cent. Milk is markedly hypotonic, yet the results of this "salt solution" is much abused as an argument againts salt administration.

The presence of alkali and various other salts is disregarded in explaining the good results of a mixed diet poor in salt.

Rest is advocated to assist the dechlorination cure; but the therapeutic effects of diminution of urea and of increased oxygen supply to the kidneys are disregarded. More complete combustion during rest of animo-acids, which diminishes the acidosis, is not considered, as is shown by the nocturnal polyuria of chronic interstitial nephritis and cardio-sclerosis.

Enough has been brought forward to show some of the fallacies of the restricted-chloride treatment. Much might be said of recent experiments to determine the increase in hydrogen ion concentration in the urine and blood in nephritis and in heart disease. Much of the recent pharmalogical experimentation which is of clinical interest might be mentioned, e. g. Diuretin shortens the life of rabbits with acute fatal uranium nitrate nephritis—but the time limit has forced me to give the matter in a hypertonic solution. I fully appreciate the hopelessly incomplete presentation of the subject assigned me. I thought best to deal merely with some fundamentals on which treatment is based, and have purposely omitted deductions, details, methods and technique, for it is through knowledge of the fundamentals that one may walk surely and safely in the therapy of nephritis.

Reflexes, Anoci Association and Surgical Shock.

By JOHN DUNCAN, M. D., Omaha

1. THE NERVOUS SYSTEM.

If I chop the foot of a tree the branches are unmoved

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and the leaves unshaken. If I wield the axe upon the foot of a fellow man instantly the body as a whole responds in movements of alarm and defense. The tree has no nervous system and its distant branches have no means of being made acquainted with the injury I am doing to a vital part of its whole. Man has a highly organized nervous system responding instantly to stimulation and by means of which he appreciates and becomes influenced by impressions from the outer world and is enabled to adapt himself to his environment.

Grossly this nervous system consists of afferent or sensory nerves transmitting impulses to the gray matter (brain and spinal cord) and efferent or motor nerves through which the impulse travels from the gray matter to the periphery.

2. Nerve Impulses.

The characteristic attributes of animal life—sensation and motion—are manifestations of a discharge of nervous force. This discharge may be in the shape of a reflex, which we define as "an action, not directly voluntary, whether we are conscious of it or not." It is implied in the definition that both the afferent, or sensory, and efferent, or motor, paths are involved in the act, together with the corresponding spinal segment. The whole goes to make up what we term the "reflex arc." If the reflex be of the unconscious type the path pursued is the one described. If it be of the conscious type they are overflows and the impulse ascends the cord for reference or modification. We can cause the reflex to become conscious by heightening the irritability of the arc or by increasing the stimuil.

3. Man a Motor Being.

Man is a motor being, or a motor mechanism of many parts, the parts integrated by the nervous system. This motor mechanism is made up of two parts, the part perceiving his relations to the external world or his environment, and the part which is driven by his environment. His existence is made up of a series of stimuli and responses, literally reflexes, which may be conscious or unconscious. The response may take place in true muscular action, or in an agitation of the mind, an emotion, as fear, or the two varieties of responses may be co-existent. For our purpose we may say that stimulation of the motor mechanism without muscular action is emotion.

Through countless ages man has been carrying on a titanic struggle with the external world—a struggle for existence. The sum total of his vast ancestral experiences is represented in

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what we call "phylogeny." An analysis of this "phylogeny" proves it to be the composite whole of man's innumerable instincts and emotions. In primordial days the existence of the human animal depended on three things, viz., self-defense against its enemies, acquisition of food and procreation. These three instincts have been implanted in man perhaps most strongly of all. Through these chiefly man has come to associate the various stimuli which have made up his existence into those which benefit the individual or "Bene" associations, and those which harm the individual or "Noci" associations.

The bare-foot boy who steps on a sharp stone immediately discharges nervous energy in the shape of a reflex to escape the wounding object. The action is not voluntary. It is protective; instinctive or phylogenetic defense. He need never have had a similar experience before nor to have been taught in the act. Now the mere memory of that stone will adequately stimulate the motor mechanism to the discharge of nervous energy, not in muscular movement but in the emotion, fear. Receiving a blow we strike back, angered; the discharge of nervous force resulting in both motor movement and in the emotion, anger. Memory or imagination of that blow even years afterward excites us to anger only. In the first instance at the time we received the blow the reflex was excited through the stimulation of the traumatic (or contact) receptors, in the last instance through the emotional (distance or nontraumatic) receptors. In either instance a "Noci" association resulted and either was probably equally noxious.

The external circumstances for the individual about to undergo an operation are strikingly similar to those that called forth in his jungle-prowling ancestor fear (which is a recollection of physical injury) and the employment of his motor mechanism in defense against impending danger. The patient suffers enormously from fear—that is to say, an anticipation of bodily injury. Every thing about the surgical chamber suggests the terrible things that are to come. If instinct held sway the individual would flee the sight of all. But man differs from other animals in the assumption of the work of instinct by reason. True, he has a greater variety of instincts than any other animal, but, with his evolution into the highest form of animal life and his immense phylogenetic past he has acquired memory, power of reflection and inference. He has modified his instincts so he has commenced to feel them in connection with their ends and a foresight of their results. This means he reasons, realizes the

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relation between cause and effect, and the necessity of removal of cause to be rid of effect in the matter of disease as in all things, and submits to surgical procedure. Nevertheless, he retains his susceptibility to emotional and traumatic stimuli and still forms "Noci" associations.

Now let us summarize by repeating that man is a motor animal and that his environment is a continual source of stimuli to which he reacts consciously or unconsciously forming "Bene" or "Noci" associations. These stimuli are either traumatic (contact) or non-traumatic (distance), resulting either in motor movement or in emotion, or both at the same time. (Non-traumatic, emotional or distance stimuli may give rise to instinct as well as emotion, but for our purpose we need make no distinction.)

4. Surgical Shock.

The brain is a great storage battery and each cell is charged with potential nervous energy, a certain amount of which is discharged following either traumatic or emotional stimuli. By "nervous energy" something definite is implied, for it is just as much a physical substance as is blood, urine or bile. This energy is as easily drawn off by stimuli, either traumatic or emotional, as is blood by incising a vessel. When this nervous energy is so rapidly discharged that there is no chance for restoration every organ in the body gives evidence of pathologic physiology; morphologic changes indicative of cellular exhaustion. The histologic picture then is entirely altered from that of normal nervous anatomy, for inevitably there comes a time when, from this excessive dissipation of energy, the cerebral hemispheres are nothing more than empty shells. If the discharge has resulted in obvious work performed we term it "physical exhaustion." If no work has been performed we call it "shock." If the exhaustion arose from surgical procedure we term it "surgical shock." All of us, in our waking and sleeping hours, are, in varying degrees, being continually shocked. When we run to catch a train, become oppressed by the receipt of bad news or when overworked, we are shocked. In most cases the phenomenon is so slight that we are only momentarily fatigued, the depleted nervous energy is replenished and equilibrium is re-established. There is a definite physical basis for shock; the dissipation of this vital material force known as nervous energy. It is needless to recite the almost innumerable experiments that go to prove the correctness of the hypothesis.

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Picture the number and intensity of the stimuli arising from the liberation of dense abdominal adhesions or the performance of a major amputation and estimate the degree of shock that must necessarily ensue.

5. ANAESTHESIA.

The word "anaesthesia" accurately describes the effect of general anaesthetics in anaesthetic dosage—without feeling. Surgical anaesthesia does not kill, so all the brain asleep, and yet the part asleep—the conscious centers—show even more marked changes than the medulla—the part not anaesthetized. Ether is but a veneer; anaesthesia brought about by it offers no protection to the brain cells from the effects of trauma. Impulses set up by the surgeon still reach the brain, since the ether breaks the reflex arc causing consciousness somewhere in the efferent path. This is true of all lipoid solvent anaesthetics, though the others offer more protection than does ether.

6. ANOCI ASSOCIATION.

That state of a person when he receives no stimuli from which he can form "noci" associations can be described only by one word, "anoci" association, meaning without "noci" associations.

We have shown that the emotional or non-traumatic stimuli are as great a factor, almost, in the production of shock as traumatic, sometimes called actual determinate stimuli. Surgical shock then may be divided into psychic or emotional shock due to fear of the operation and traumatic shock due to the trauma inflicted during the operative work itself. The individual suffers from fearful anticipation of the injury to be inflicted and from the injury itself. If we have excluded fear no harmful emotional stimuli can have reached the brain and no emotional shock can have resulted. From the time we first come in contact with the patient our every effort should be directed toward the prevention of fear. Tact in stating the diagnosis and recommending operation, withholding of unfavorable prognosis, and care in initiation of the patient into the hospital routine are all essential. A preliminary dose of morphine and scopolamine just prior to removal from the bed greatly lessons the acuteness of the patient's perceptive faculties and permits the induction of the anaesthesia with much less excitement and apprehension. All these measures serve to bring the patient to the operative work proper with little or no emotional shock.

We cannot thus prevent traumatic stimuil for the operative

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work itself implies trauma. How, then, can we prevent the damaging stimuli from reaching the brain? We know that general anaesthesia does not do so; therein lies the proof of the correctness of our hypothesis of the cause of shock. We must break the afferent path of the reflex arc. This we can do by infiltrating the operative field with a local anaesthetic, such as novocaine, as thoroughly as if we were going to use local anaesthesia only. Then no traumatic stimuli can reach the brain. Since we have removed the source of the emotional stimuli there can be no emotional or psychic shock. We have prevented the transmission of the traumatic stimuli so there can be no traumatic shock. We have conserved in the greatest possible measure the potential nervous energy, the dissipation of which causes shock.

7. Post Operative Gas Pains.

With the elimination of the volatile anaesthetic consciousness returns. With the destruction of the block in the reflex arc in the shape of the novocaine communication between the brain and the operative field is re-established. Then come certain phenomena observed more or less in all operative work involving the peritoneum called "gas pains." These include borborygmus, inability to pass gas, some distention, some rigidity, nausea and sometimes vomiting. These disappear with a free bowel movement often only to recurr. Enemata, hot packs and opiates relieve. These are associated only with operations involving the peritoneum. Simple incision, such as draining an appendiceal abscess or a vaginal section, causes very little if any disturbance. The more trauma inflicted the more severe the train of symptoms. This we might call "phylogenetic defense." Nature, to prevent further injury, to the best of her ability immobilizes the broken limb by muscular rigidity. She "splints" the intestine at the site of trauma to localize and overcome any possible infection from perforation. Oftentimes so perfect is the inhibition of peristalsis that the patient fears obstruction. If, in addition to blocking the nerves with novocaine on opening the peritoneum, we use a more lasting block (four or five days) in closing, such as 50 per cent alcohol or urea and quinine hydrochloride and place each in the peritoneum carefully within this newly and more permanently blocked area, we will have prevented, or at least greatly mitigated, the suffering from gas pains. Afferent impulses have been blocked and the mechanism of intestinal inhibition has not been excited. The patient's bowels move freely and easily,

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there is little or no post operative nausea or vomiting, few "gas pains," little distention and no backaches.

Every well-informed surgeon realiezs the necessity of conserving his patient's vital forces. Undue dissipation of the potential energy representing the patient's vital forces means either death in shock or a prolonged and stormy convalescence. Consequently the operator is often not permitted to inflict the trauma necessary to accomplish thorough work. This results in incomplete and unsatisfactory recovery.

A thorough carrying out of the principle of "Anoci Association" conserves to the greatest possible degree the margin of safety, which in many cases is all too small.

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The Effect of Children's Diseases on the Organs of the Oral Cavity.

*By A. O. HUNT, D. D. S., Omaha

This occasion is one I have long wished for. When an organized body of the medical profession and one of like character from the dental profession should meet together to impart to each other the knowledge that was familiar to either calling, but not well known to both. For some years there have been men of both our callings that have realzed that there was a field that was not fully open to either, and yet where our energies overlapped in confusion. This occasion is to me a hope fulfilled. I believe it also to be the making of history for both professions, that will in future times redound to our credit.

So far as I know this is the first meeting of this character. While there have been papers and discussions by dental men

*Read before a joint meeting of the Omaha-Douglas County Medical Society and the Eastern District of Nebraska Dental Society, at Omaha, in October, 1913.

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before medical societies, and also papers and discussions by medical men before dental societies, there is also a section in the American Medical society on stomatology. The fourth International Medical congress which met in Washington was the first to establish a section on dentistry. None of these in character are like this meeting, where all divisions are set aside and the desire is to obtain from each other that information that can best be obtained in this way.

The title of this paper is a comprehensive one, the effect of disease on all the organs of the oral cavity could not possibly be considered in a ten-minute paper. I shall only consider the effect upon one of the tissues, the teeth. These effects are well defined and very serious, resulting often in the most unsightly deformities. These disturbances occur while the teeth are still embedded within the jaws from three to six years before their eruption into the mouth.

For a clearer understanding of the subject it will be well to consider the development of the teeth both as to the time and the manner in which this is accomplished.

The teeth are the first organs of the body to be developed. Each tooth is developed in a follicle of its own which is not unlike the Graaffian follicle in many of its characteristics. There are five distinct tissues developed within and by the dental follicle. The enamel, the pulp, the dentin, the cementum and peridental membrane.

The first appearance of the teeth is at the sixteenth week of embryonal life. The enamel organ which is derived from the epithelial tissue behind the formation of the enamel rods in accordance with the form and type of the developing tooth which at this time is the central incisor of the temporary teeth. At the seventeenth week the lateral incisors begin the formation of the enamel portion. The twentieth week the molars of the temporary set begin their formation. The growth is in this order until the teeth are completed. For the temporary teeth from three to four years for each tooth is required for its completion. Contemporaneously with the development of the enamel the dentin bulb arises from the subdermal tissue by which the dentin is built up and gives form and substance to the whole tooth. At the twenty-fifth week of embryonal life the enamel of the first permanent molar appears. At the fortieth week or birth, the crowns of all the temporary teeth are well outlined. At the fifth to the sixth month after birth the temporary central incisors are ready to erupt through the gums. At the ninth month the lateral incisors appear.

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The first year the temporary molars and the incisors of the permanent set begin to calcify—second year the lateral incisors begin forming—third year the cuspids begin and the remaining temporary teeth are erupted. Fourth year the calcification of the bicuspids. Fifth year the second permanent molar begins calcification and the decalcification of the temporary central incisors takes place. Sixth year the first permanent molar erupts and decalcification of the temporary lateral incisors. Seventh year the decalcification of the temporary incisors is nearly completed and decalcification of temporary molars commences. Eighth years temporary central incisors lost and permanent incisors erupting. At this time the third molars (or wisdom teeth) begin calcification. Ninth year lateral incisors lost and permanent teeth erupting. Tenth year the first permanent molar is completed. This tooth first begins its development in the twenty-fifth week of embryo life, requiring more than ten years for its growth. This is true of all the permanent teeth. The eleventh year the decalcification of all the temporary teeth is about completed. Sixteenth year the permanent teeth are completed except the roots of the second molars, but all the permanent teeth should be erupted except the third molars.

The most important effect of disease upon the developing teeth produces what is known as atrophied teeth, a condition where there has been a lack of nutrition to the tissues while the process of development is going on. The time given for tooth development is the usual time, yet we have to take into consideration the law of variation which is in evidence here as elsewhere in the body.

The appearance of the teeth shows a surface in part denuded of enamel, the teeth shortened and sometimes with deep pits extending into, often passing entirely through, the tooth. There is also at times deep grooves encircling the tooth entirely. In these pits or grooves there may be a thin layer of enamel or none at all. This deformity may involve only the occlusal third of the permanent central incisors and the first permanent molars. If this is the case, the illness must have occurred between birth or about the first year, as this is the time when the enamel portion of these teeth are beginning their development. The atrophy is confined usually to the enamel portion; it is rare to find the root portion affected.

The edges of the incisor teeth may be irregularly notched or pitted or there may be only the notch in the central portion, the occlusal third devoid of proper angles and surfaces being

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contracted towards the central notch. This latter condition is known as the types of the Hutchinson tooth and the cause attributed by him to inherited syphilis.

Doctors Le Gros and Magitot were among the first to investigate the developing process histologically. Goodsir sometime before this, by dissection, found the detnal follicles and their relation to each other, also their time of development. Magitot made sections of the various tooth tissues and their manner of growth. Some years ago there was a long controversy between Hutchinson and Magitot as to the cause of this atrophied condition, Magitot holding that it was due as well to other causes. Hutchinson finally modified his views somewhat by saying that hereditary syphilis was at least the cause in some cases.

When this deformed condition extends to the permanent lateral incisors and only the occlusal third is involved, the disease must have been at about the second year; in this case the deformed area on the central incisors extends farther toward the gingival margins. Should it be the occlusal third of the cuspids the illness must have been at about the third year. In some cases the grooving or pitting is in the middle third of the teeth, the occlusal third being normally developed; disturbance must have been at about the fifth or sixth year. While it is not possible always to get good history as to the time of any illness or as to what the illness was, yet enough of history has been obtained to make it reasonably certain as to the correctness of these conclusions.

Time will not permit of going into further detail as to the varying conditions presented in these deformities, but it is usually confined to the incisors, cuspids and first permanent molars. It is very rare to find the atrophied condition on the bicuspids or second permanent molars. Wherever so found the history of the case is that of prolonged anemic condition, extending to the fourteenth or fifteenth year. I have seen but three of such cases, one some years ago, and two in one family here in Omaha, a boy and girl. I first saw the case of the girl when she was between 14 and 15 years, and all the teeth were involved that had been erupted, being covered in whole or in part with only a thin layer of enamel on some of the teeth and on the others none at all, the teeth being very sensitive to heat and cold. I advised waiting until the roots of the molar teeth were completed and if conditions were favorable the teeth should all be crowned if the roots were in normal condition.

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In the case of the boy at 10 years of age the condition was not so bad, but all the teeth that had erupted showed marks of this deformity. In both of these cases no well developed disease seems to have occurred, but from birth they had both been in an invalid condition. It would seem then a very difficult matter to say that special disease is the cause of this atrophy, whether hereditary syphilis, measles, scarlet fever, typhoid fever, whooping cough, etc.

There is little doubt but that any pathological condition that interferes with the nutrition of the enamel portion of the teeth during the time of its development may cause these deformities.

A peculiarity in regard to the teeth is that none of the tooth tissues proper have the functions of restoration when once lost from any cause. The hair and nails show the same atrophied condition, but as they are continuous growing tissues this is corrected as the growth exfoliates the faulty part. Another peculiarity is that if the deformity occurs in any part of the tooth when the health is restored, the enamel portion developed after this time is perfectly normal.

In closing I might for the sake of discussion say that many disturbances attributed to the teething process are not in my opinion always correct. The eruption of the teeth is a physiological process, and unless the tooth meets with some serious obstruction it erupts in its place without serious consequences.

The Prevention of Cancer of the Uterus.

By PALMER FINDLEY, M.D., Omaha

We are passing through a veritable crusade against cancer. The medical profession is everywhere giving serious thought to the many phases of the subject; numerous experimental laboratories have been established throughout the medical world; large sums of money have been donated for the prosecution of this work; medical organizations are assuming the responsibility of educating the general profession and the lay public in matters pertaining to the early recognition of cancer; our medical schools are giving practical clinical and laboratory demonstrations to qualify our graduates to recognize the early forms of cancer, and finally surgeons are vying with one another in devising means for the radical removal of the growth.

The countless theories and alleged discoveries of the cause of cancer have only served to deepen the mystery as to the real nature and origin of cancer. If it should prove that cancer is of parasitic origin preventive measures will naturally follow,

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but if the theory of biological origin is to maintain we may never be in possession of absolute means of prevention.

We do not know the cause of cancer, therefore we are powerless to prevent its development, but we do have accurate means at our command for the recognition of the growth and if we will but lay hold of our opportunity we can save, through operative intervention in the early stages of development, a very large proportion of cases.

It would seem that the limit has been reached in the radical operation for cancer of the uterus, and now while a great army of pathologists are searching for the cause of cancer, gynecologists are bent upon bringing these cases to the operating table while the lesion is confined to the uterus. A very practical campaign of education has been launched by several of the national and local organizations of the United States, following the lead of Winter of Koernigsburg. In the fall of 1912 a committee of five was appointed by the Clinical Congress of North America. This committee took the initial step toward an effective organization which has for its object the education of the lay public through the medium of public lectures and popular magazines. The American Medical Association and the various suborganizations of the American Congress of Physicians and Surgeons have endorsed and given aid to this organized effort to instruct women in the early signs of cancer, and to impel them to seek competent medical advice at the very onset of suspicious symptoms. Our state society and our local society would do well to join in this movement. The Barnard Skin and Cancer Hospital of St. Louis, through its staff members, has given illustrated lectures before local medical societies and nurses' associations, and the local profession has joined with them in giving popular lectures on the cancer problems. Pamphlets of instruction have been supplied to the physicians for distribution among their patients. These pamphlets present a few simple facts which enable women to recognize the danger signals of cancer.

The justification for this campaign of education is found in reports of gynecological clinics. At the 1912 meeting of the Ameircan Gynecological society, Peterson of the University of Michigan reported a percentage operability of 23, Taussig of St. Louis 20, and Simpson of Pittsburg 33. Only one case in three to one in five was considered to be operable and of this number from 80 to 100 per cent died of recurrence within five years.

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The statistics of Schauta are significant. Of the cases of cancer of the cervix which applied to his clinic within four weeks of the onset of symptoms, 13 per cent were found inoperable. When we consider that Schauta admits of a larger range of operability than almost any other operator we are forced to conclude that it is not enough to instruct women to be examined when suspicious symptoms arise. If we are to attain the best results we should follow the suggestion of Winter, who would make interval examinations of all women of the cancer-bearing age. If such interval examinations were made, if women would seek competent advice when suspicious symptoms arise, and if physicians would keenly and intelligently interpret these symptoms and make the necessary examinations, our cancer statistics would be vastly improved. Herman Boldt has wisely said that it is one thing to be able to diagnose the presence of a cancer, but it is more important and vastly more difficult to say with assurance that cancer does not exist.

With the possible existence of cancer under consideration there should be no hesitancy in excising a piece from a suspicious cervix and in making an exploratory curettage. The microscopic examination of excised pieces from the cervix and of scrapings from the uterus will determine the diagnosis beyond question. I apprehend no disagreement on this point, but how often this simple procedure is neglected. "The man that wandereth out of the way of understanding shall remain in the congregation of the dead."

Much is written of such pelvic lesions as erosions and lacerations of the cervix, uterine fibroids and subinvolution as predisposing factors to cancer of the uterus. I have never been seriously impressed with the force of these arguments. Cancer of the cervix is rare as compared with these common lesions. Few women who have given birth to children escape one or more of these lesions, and furthermore we are informed that the African women in their native country present these lesions to a greater degree than do the women of civilized countries, yet they are almost without exception cancer free. A medical missionary in West Africa who sees 13,000 cases annually told me he had never seen cancer of the uterus in a native. Whatever the true facts may be on this mooted question, it is certain that we do our patients great injustice by suggesting to them that an erosion or laceration may develop into a cancer.

Comparing the statistics of European clinics with those of America we find a greater percentage of operable cases and of

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ultimate cures after operation in Germany than in the United States. This is so, not because the women of Germany are more intelligent in matters relating to cancer, nor are the German surgeons more skillful operators, but it is so because Germans are accustomed to go to the university and private clinics for advice and to accept as law and gospel the advice received. It is for this reason that a larger percentage of cases seek relief through surgery in the early stages of the disease.

I have been asked to discuss the subject of prophylaxis of cancer of the uterus. My position is that in the absence of any known cause of cancer we possess no means of prevention. But we can do much to bring these cases to the examining table while the disease is amenable to surgery. This can only be done through a system of education, and we ask: What are the facts concerning cancer that every woman should know? They should know:

1. That cancer of the uterus commonly arises between the ages of 30 and 50.

2. That the normal change of life is never marked by an increase in the menstrual flow. That loss of blood, however slight, between mentrual periods or after the establishment of the menopause, is presumptive evidence of cancer and calls for an immediate, searching examination.

3. That a watery discharge is almost as suggestive as is hemorrhage when occurring late in life.

4. That pain is a very unreliable guide and does not occur until the disease has advanced beyond the uterus, when it is too late to assure good results.

5. That loss of flesh does not usually occur until the disease has run half its course.

6. That pelvic complaints of whatever nature, arising late in life, should awaken a suspicion of a possible cancer.

7. That cancer of the uterus may reach the inoperable stage without giving rise to a single symptom, hence the advisability of submitting to an examination at intervals of six months throughout the cancer-bearing age of 30 to 50 years.

8. That the only hope for cure rests in early recognition and in early removal of cancer of the uterus.

418 Brandeis Theater Bldg., Omaha.

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Antityphoid Vaccination in General Practice.

*By W. C. BARTLETT, M. D., Alma, Neb.

One of the most wonderful discoveries in the field of medicine was that of smallpox vaccination, which has done so much to mitigate the ravages of that dread disease and has saved untold numbers of lives. Yet in the early days of smallpox vaccination it was resisted in every possible manner by uninformed persons. The mortality from that disease has decreased, under vaccination, from six hundred thousand annually, according to Bernouille, to the present small mortality.

But great as was the discovery of smallpox vaccination, by Jenner over one hundred years ago, the present-day discovery and use of anti-typhoid vaccination promises to equal it in its importance to humanity.

Typhoid fever exists in almost every community and in the United States something like a half million people are attacked by this disease annually, with a mortality of about forty thousand.

Sir Almoth Wright, an Irishman, first published a report on antityphoid vaccination in 1897, but it remained for the great armies of the world to develop the vaccine and show its usefulness, and I shall quote briefly from the reports of surgeons in the United States army, to show what has been accomplished in the way of prevention of this disease by complsory antityphoid vaccination of our soldiers. "During the Spanish war 86 per cent of the mortality in our army was due to typhoid, there having been 20,738 cases, with a motrality of 1,500 among a total of 107,973 men." Through better sanitation and being stationed in army posts instead of the field, considerable improvement was noted after the close of the war of 1898, but typhoid still continued one of the wost diseases in the army until the coming of antityphoid vaccination in 1909 and 1910, during which time it was voluntary; then in 1911 all troops in the field underwent compulsory vaccination and in September, 1911, the compulsory vaccination of every person in the army under 45 years of age was ordered.

Major Russell in his article on Antityphoid Vaccination in the Army and in Civil Life," says: "In 1898, during the Spanish war, there were assembled at Jacksonville 10,759 troops, among whom there were 2,693 cases of typhoid certain and probable, with 248 deaths. This camp lasted approximately as long as that at San Antonio in 1911. The number of men was

*Read before the Republican Valley Medical Association, at Red Cloud; Neb., in October, 1913.

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less by 3,000. The camps were situated in about the same latitude and both were furnished with artesian well water. Yet in 1898 there were over two thousand case sand two hundred and forty-eight deaths, and in 1911 there was one mild case, and it is well to remember that during this time the fever prevailed to a considerable extent in civil life in and around San Antonio."

During the first nine months of 1913 not a single case of typhoid fever has been reported in the army.

In the face of these facts, it seems to me time for us as general practitioners to begin the general use of this vaccine, especially when the disease exists in our communities.

I have vaccinated only twenty persons with antityphoid vaccine and have not had a single case of reaction severe enough to prevent them from performing their uusal duties, and in no case has typhoid developed in a vaccinated person, though some of them were exposed to the infection.

I call to mind one family in which there were four cases with two deaths. They were all unvaccinated. While another family of four were exposed to the same source of infection and who were vaccinated, all escaped the disease except an unvaccinated child, which developed a typical case.

In these days of rapid and almost universal travel, nearly everybody is liable to be exposed to this infection, and general use of the vaccine should prevail as soon as the people become informed of the mildness of the reaction, and the great protection it affords; and we, as benefactors of a rather ungrateful public, should see to it that they are enlightened on this subject.

The fees for vaccination should be made low enough to be within reach of all, and in case of people unable to pay for vaccination the county health board should see that they are properly taken care of.

All physicians, nurses and persons who travel or attend school should be vaccinated. It is also well to remember that children bear vaccination better than adults. Immunity lasts from three to five years.

It will not go into the technic of the vaccination, as all, no doubt, understand that.

If you have not read Major Russell's article entitled "Antityphoid Vaccination in the Army and in Civil Life," it will pay you to write your congressman for a copy of the same, and give it careful study.

I have also used vaccine as a therapeutic measure, and thought I secured good results. However, I believe its main function lies in the field of preventive medicine.

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CASE REPORT

A Case of Hermaphroditism.

Patient: Mrs. C. Aged 24. Housewife. Bohemian American. Family history: Father living and healthy at 54 years. Mother living and healthy at 48 years. Both normal sexually. Three children in family, of which patient is eldest. A sister, aged 22 years, married one and one-half years, has no children and has never been pregnant. She began menstruating at 15 years and is normal sexually. One brother, aged 18 years, healthy and normal sexually as far as known.

Personal history: Patient is a very intelligent individual. Nothing of note in pre-natal history. Hard labor. Says as child had no preference as to playmates; helped mother about house, etc. At school exchanged notes with boys, played games, but appeared to be no more masculine as to choice of sports and pastimes than girls with whom she was associated. Has always worn feminine garb.

At age of 10 commenced menstruating. In walking, clitoris, being unusually large and sensitive, became irritated, and would walk long distance till it produced orgasm. Later she accomplished the same result by manipulation, when the clitoris became erectile, measuring 1½ inches in length. At the age of 15 years she became possessed of some literature reciting the harmfulness of this practice and immediately ceased it.

Since the age of 13 years once monthly she has had general muscular pains, severe headaches and backaches, sometimes accompanied by nose bleed. Every six months has severe neuralgic pains in breasts, which enlarge at this time. Never any mammary secretion. She was never attracted to men until she met her present husband, whom she loved greatly and for whom she still retains much affection, which is returned.

At 13 years her voice commenced to change, became rather heavy and has remained so since. Is now quite husky, though not unpleasing or harsh—but quite masculine. Patient has a pleasing address, and mode of expression is entirely feminine. Never any homo-sexual attraction. Never menstruated before or since marriage, though about once monthly, at time of headache and backache, thinks she notices a white scanty discharge. Has never experienced any satisfaction from intercourse, though always did from masturbation.

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Patient has heavy, masculine features; long, coarse, black hair on head. Face, breasts (which are rudimentary) and entire body covered by heavy growth of hair; broad-shouldered, with masculine pelvis and exceedingly small hips; walks with long strides, and her carriage is essentially masculine. Hands and feet are not larger than average female of corresponding stature. Figure as a whole is typically masculine.

Clitoris much enlarged and now when not erectile 1½ to 2 inches in length. Doesn't become erectile during intercourse. Labia and vagina normal. Uterus average nulliparous size and in good position. Ovaries are not palpable on bimanual examination. Never any treatment except dilatation and currettement one year ago. Hopes for a cure through medicine or surgery. Little maternal instinct, but hopes to have a child because husband wishes one. L. A. Dermody (Omaha).

Therapeutic Possibilities of Polonium.

Sir William Ramsey, the eminent chemist, speaking at a meeting of the British Radium Corporation, which is producing radium from certain ores in Cornwall, held out the prospect that there were other substances in all radium ores which might be used therapeutically. They were polumium, ionium and actinium, which at present were chemical curiosities that had not been extracted in any great quantity, though there was no very great difficulty in extracting them. He was in hopes that polonium, which was perhaps most easily produced, might prove to have therapeutic qualities. Polonium was somewhat analogous to selenium, tellurium and also to bismuth, the therapeutic qualities of which had been tested. These three elements remained in the system for some length of time, and were then excreted, but they had practically no therapeutic qualities. Polonium differed from them entirely in that it gave off alpha-rays just as radium did, and the potency of radium for therapeutic purposes appeared to depend on the alpha-rays. Radium could not be administered as a medicine. It was too expensive and probably too dangerous, as he did not believe it would be easily eliminated from the system; but the three substances he had mentioned were eliminated in about three months, and his impression was that polonium might produce its effect for about that time and then be eliminated. Of ionium and actinium he could say less, but possibly they might replace radium for the uses for which it was at the moment employed.—J. A. M. A.

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ABSTRACTS

Treatment of Headache in Children.

Gaujoux (Presse medicale) found that obstinate headache in eleven children was due solely to insufficiency of thyroid secretion. In eight cases there were other signs of hypothyroidism, such as palpebral edema, anorexia, constipation, somnolence, and pains in the muscles and joints, but the remaining three presented a normal appearance. After a systematic study of the symptoms, with resulting exclusion of all the more usual causes of headache in children, should without delay resort to the therapeutic test consisting in the administration of a thyroid preparation. A daily dose of from one-third to three-quarters of a grain (0.02 to 0.05 gramme) may be given without risk.

Epinephrin and Abortion.

Silvestri remarks that recent reports in the literature of the benefit form epinephrin in osteomalacia, in uncontrollable vomiting and other disturbances in pregnant women, led him to give epinephrin in such cases, as all the writers emphasized the harmlessness of this treatment in the dosage advised. Two recent experiences, however, tend to contradict the assumption of the harmlessness of this treatment: Two women in the second month of pregnancy were given a mild course of epinephrin and calcium salts on account of an incipient apical process and defective nutrition. Each aborted in less than a month. He has given this treatment to other women in later months of pregnancy and never before witnessed any tendency to abortion. One of the present patients had taken it without disturbance during the last three months of a preceding pregnancy.—J. A. M. A.

The Absorption and Excretion of Ammonium by the Lungs.

A year or two ago we called attention to the paper of a laboratory pharmacologist in which he claimed that the general idea of the profession that chloride of ammonium was a useful expectorant was founded upon ignorance of the elimination of this drug. Our reply to this criticism was that the fact remained that the administration of chloride of ammonium in the later stages of acute bronchitis produced excellent results. Now we

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have presented to us in the Journal of Pharmacology and Experimental Therapeutics for July, 1913, a paper by McGuigan on this subject. After quoting the literature of the matter very extensively he reaches the following conclusions, pointing out that the fact that ammonium passes through the lung tissues has an important bearing on the explanation of the action of expectorants. He finds that traces of ammonium are excreted and probably absorbed normally by the lungs. Its excretion is shown by the increase in the ammonium content of the fluid of the lung. The proof, therefore, that chloride of ammonium and other salts, like the carbonates, act as stimulant expectorants seems to be near at hand, and clinical therapeutics receives additional support from experimental investigation.—Therap. Gazette.

Treatment of Defects in Speech.

In the course of this study of what the general practitioner can do to ward off and cure defects in speech, Fröschels emphasizes that much can be done in preventing the development of stuttering. When a child hesitates and repeats the last syllable over and over, it is because its little brain cannot keep up with its speech; it keeps repeating the last syllable until it can think of the proper word to go on with. This is not pathologic, but it becomes so if the child's attention is drawn to this habit. The family and friends must have impressed on them with great emphasis that it is absolutely necessary to refrain from attracting the attention of the child to this slight defect in its speech. It must not be corrected, or forced to repeat the word over again, and, above all, no impatience should be manifested. If the child's attention is once attraced to this simple repeating of the last syllable the trouble becomes confirmed and we have the severe disturbance of stuttering which may brand the individual through life and make him hold aloof from his kind.—Med. Klinik, Berlin.

Overcrowded Street Cars.

A narrow car; seats filled with persons attempting to read newspapers while the car swings and jolts along its way; aisles jammed with men and women, boys and girls and tiny children, swaying and rubbing, one against the other, coughing and sneezing, pushing and pressing—what a sight for a progressive

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age; what a sermon for the moralist; what a despair for the student of public health and hygiene! Endless problems are presented by this picture, seen daily in nearly every American city. Most important is the menace to health from the thousands of bacteria, hidden in the throats of diseased men and women, and sprayed directly into a stagnant air, moist and unmoving in the absence of sufficient means of ventilation. Virulent organisms are inhaled into the throats and lungs of tired workers and tiny babes, who form an excellent host for their quick cultivation. The fare for the ride is small, but the cost cannot be estimated in terms of dollars and cents.

Improved Stain for Tubercle Bacilli.

Mori regards the technic he describes as the best yet proposed, not only for its rapid action and reliability, but for the beauty of the results. It is a modification of Ziehl's first method, differing by the formula of the fuchsin stain, and by the fact that all can be used cold, and that no sediment develops on standing. The carbol-fuchsin solution is made with 0.5 gm. fuchsin, 10 c.c. absolute alcohol, 2.5 gm. phenol and 100 c.c. distilled water. The fuchsin is dissolved in the alcohol, the phenol is then added, and then the water is stirred in a little at a time, and the mixture is then set aside for twenty-four hours and then filtered. Differentiation is done with a 1 per cent solution of sulphuric acid, and the contrast staining with a 1 to 4,000 solution of methylene blue. Each fluid is applied in turn for ten or fifteen minutes, washing in water between.—Riforma Medica.

Camphor in Pneumonia.

Leo (Muench. Medizin Wochen.) was able to protect numbers of mice against pneumococcus infection by subcutaneous injection of a saturated aqueous solution of camphor; the results were less constant with rabbits. These experiences suggest that camphor should be given systematically from the start in pneumonia. He thinks it is able to kill the pneumococci in the blood stream and promote reabsorption of the pneumonic exudate. Camphor has also a marked action in increasing the ventilation of the lungs, the amount of air inspired being very much larger under the influence of the camphor, while the drug stimulates the action of the heart and more blood is thus pumped into the lungs. As twitching was noticed in the animals with a

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dose of 5 c.c. per kilogram of body weight, smaller proportional doses must be used in the clinic, about 150 or 200 c.c. for a weight of 145 pounds. This represents 0.142 gm. of camphor as each 100 c.c. of the satuated aqueous solution contains 0.21—0.28 gm camphor. He prefers Ringer's fluid instead of plain water for the vehicle. He quotes Lenzmann to show that 75 c.c. corresponding to 0.1 gm. camphor, can be injected intravenously without disturbance. Lenzmann is soon to publish a report of his experience in this line. Boehncke has already reported favorable experience with camphor plus pneumococcus serum.

Some Considerations on the Rabies Question.

Joseph Koch (Deutsch. Med. Woch. 42, 1913) refers to the commonly accepted view that patients never recover from rabies, as probably erroneous. He shows that rabbits unquestionably may, occasionally, recover from the experimentally induced disease, after having had typical symptoms, including paralysis; and he believes that he has seen cases of the cerebral type in man, with headache, delirium, fever, salivation, dysphagia and spasms of the respiratory muscles, which have recovered. As to the etiology, he has found minute coccus-like bodies similar to those described by Babes and especially to those which Noguchi has cultivated from cases of rabies.

He points out that while, in general, the prophylactic treatment is successful, there occur every now and then cases in which, after the most intensive prophylactic treatment, months or even a year later rabies suddenly breaks out and kills the patient with the utmost rapidity. He believes that in such cases the rabies germ remains inactive, in isolated portions of the nervous system, just as the germ of syphilis is known to do. He advises that patients should be given moderate doses of iodide of potassium during the rabies cure, believing that it acts, as it probably does in syphilis, not by killing the germs but by rendering the tissues less suitable for their growth. GIFFORD.

Pain from the Surgical Standpoint.

Picque (Archives Generales de Chirurgie, Paris) comments on the comparatively slight attention paid to pain by the surgeon, urging that study of the pain is liable to prove a useful guide in various ways. He states that he knows of only one article on pain written by a surgeon in recent years. Richet, the

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physiologist, to whom a Nobel prize has been awarded, declares that the capacity for feeling pain is more developed in proportion to the development of the mind, and he regards pain as the fundamental element in human progress. Picque defines pain as generally merely the special perception of some peripheral organic trouble. As a rule, the comparatively insignificant lesions are the ones that induce the severest pains. By comparing the subjective with the objective findings it is possible to determine to what extent the mind participates in causing the pain. Championniere has warned that the surgeon in his examination may create pain for the first time, and that once thus inaugurated, the pain may persist indefinitely. The questions of the physician are liable likewise to call pain into existence or first cause a realization of existing slight pain.

Milk Feeding.

Schroeder (American Journal of Diseases of Children) at the B. A. I. Experiment station fed four groups of guinea pigs to determine the relative value of raw, pasteurized and boiled cow's milk, and those left on natural feeding. There were 156 pigs in each group and were kept under observation until maturity, and then breeding pens were formed from each group to determine breeding vitality of each group. In determining the relative values the mortality of the animals and weights at different periods were considered, both of which ran quite parallel. Of course, as everyone would expect, the animals on the natural feeding made a much better showing than any of the others, but the surprise came in that those fed on pasteurized milk had the highest mortality and made the poorest gains in weight. The advantage of raw milk over pasteurized in gain in weight averaged 7 gm. per quinea pig, while those fed on boiled milk were 25 gm. heavier than those fed on raw milk. The percentage of mortality in the four groups at the end of one year was as follows:

Young with mothers	14.00
Raw milk	52.90
Pasteurized	53.85
Boiled	46.79

This seems to agree with the conclusions reached by Coit in 1912 that "When an animal is fed on the milk of another species, the milk from which has been found to be suitable for this pur-

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pose, such differences as have been found in the nutritive values of raw and boiled milk have been in the favor of boiled milk."

In the breeding records the raw milk animals made a very poor showing as some of the milk furnished the station was infected with the bacillus abortus and the animals had become infected. The boiled milk pen showed nine more alive at the end of thirty days than the pasteurized.

NEWELL JONES (Omaha).

Sudden Death in Bathing.

Guttich (Med. Klinik, Berlin) describes the serious symptoms which follow irritation of the vestibular apparatus with cold water poured in to an ear with perforated drum. Not only nystagmus but vertigo, vomiting and general collapse have been observed. Even with a sound membrane, these symptoms may develop if water at a temperature of 10 C. is used for the test. These facts amply explain many cases of sudden death in bathing. The water penetrates through the perforation, or the force of the water in diving, or a wave dashing against the ear may burst a weakened tympanic membrane. Passow has related cases of this kind. There may be a temperature irritation in the internal ear just from the coldness of the water alone, acting on the exterior of the body. The consequent irresistible vomiting or collapse under the water might easily cause death. A meal not long before renders the vomiting reflex easier to elicit. The reaction as a whole is liable to be proportional to the difference of temperature between the water and the air. Persons with perforated membrane should be warned against diving and bathing in too cold water; they should plug the ear with oiled cotton. The ears of a drowned person should be examined for perforation of the membrane.

Scientific Aspects of the Use of Alcohol.

"The Continent," December 25, 1913.——

The American Society for the Study of Alcohol and Other Narcotics held its forty-third annual meeting in Philadelphia this month and developed fresh evidence of the damaging effects of the use of alcoholic beverages. Even one daily drink for fathers was said to have been the cause of epilepsy in children. Two drinks of whiskey, it was conceded, might sometimes be absorbed without immediate harm, but every drink after the second is an excess which cannot be worn off. Such excess finds

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a place in the nerve centers, and the general effect is to hurry the degenerating process akin to old age.

Colonel L. Melvin Maus, chief surgeon of the eastern division of the United States army, declared the growing use of liquor in the form of cocktails among young men and women a menace to the integrity of the nation. Dr. John D. Quackenbos of New York, a scientist of experience, who spoke of "The Psychical Treatment of Inebriety," said he had found it almost useless to attempt to cure women addicted to the drink habit.

JOSEPH M. AIKIN (Omaha).

Cause of Enlargement of the Spleen in Intoxications and Acute Infectious Diseases.

In typhoid fever enlargement of the spleen constitutes one of the classical findings. The cause of the splenic intumescence in typhoid as well as in other forms of acute infections and non-bacterial intoxications is evidently due primarily to a destruction of red blood corpuscles.

Experimentally produced hemocytolysis with potassium chlorate and typhotoxin was found to give rise to an increase in the size of the spleen. The disintegrating corpuscles are taken up by the cells in the splenic pulp, which enlarge and multiply, and this is associated with active hyperemia of the spleen.

Splenic swelling does not occur in those intoxications in which there is no destruction of red cells. It appears that the products of corpuscular disintegration exert a stimulus on the cells of the splenic pulp leading to an active proliferation of splenic cells.

Those acute infectious diseases in which there is no enlargement of the spleen show but little diminution of red cells. It is to be remembered that in some of these diseases there may be more or less anemia without swelling of the spleen, but in diseases of that character is does not concern actual and excessive destruction of red cells as much as a diminished regeneration of the cells. This is the case in tuberculosis and malignant tumors, in which there is often a marked anemia but little or no splenic swelling.

Malaria is associated with a marked destruction of red cells and here splenic enalrgement often becomes chronic.

WIGHTMAN (Omaha).

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Why Does the Operation for Removal of Adenoids Frequently Fail to Relieve Mouth Breathing?

(Archives of Pediatrics, October, 1913.) By H. M. McClanahan, M. D., Omaha.

In this brief clinical study of adenoidectomy the author has contributed valuable facts useful to the profession in advising treatment for patients suffering from mouth breathing. When confronted by repeated evidence that a thorough removal of existing adenoids frequently failed to relieve mouth breathing, he looked beyond them for other and more serious causes. He calls attention to mouth breathing as the result of mal-development in the vault of the pharynx. The clinical evidence of a restricted air passage through the nose is obvious in the high arched appearance of the hard palate, and imperfect coaptation of the teeth. It is a courteous suggestion by a man of good judgment and large experience, that we should take more time for clinical study of each case, before promising a cure or even relief, from mouth breathing, by adenoidectomy. His conclusions are based upon the study of fifty-two children ranging in age from 6 to 12 years who had been operated upon for the removal of adenoids.

His deductions are as follows:

(1) A careful examination of the case before operation will determine with reasonable certainty the degree of relief that will follow the removal of adenoids.

(2) Where there is a deformity in the superior maxilla a frank statement of the facts will relieve the operator from unjust criticism.

(3) Where anatomic defects exist parents should be appraised of the facts and given the opportunity to have corrective treatment instituted by the orthodontist.

(4) The best evidence of such defect is malcoaptation of the teeth. JOSEPH M. AIKIN (Omaha).

Dithpheria Carriers.

Since diphtheria antitoxin has come into general use quarantine of diphtheria is irksome, says W. A. Womer, New Castle, Pa. (Journal A. M. A., December 27). The patient is quickly cured by the use of antitoxin, but the fact remains that the diphtheria organisms may still be found in the throat and the patient be dangerous to others. It is impossible to tell in ordi-

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nary cultures whether the bacilli are virulent or not, and quarantine has to be continued sometimes for an inconveniently long period till the cultures become negative. He notices the literature on diphtheria carriers and gives the result of his experience in the use of staphylococcus spray in lessening the period of quarantine in the winter of 1912 and 1913. The spray consisted of a bouillon culture of *S. aureus* at least twelve hours old, or a fresh suspension in salt solution. It was prepared in the municipal laboratory and delivered personally to the attending physician or nurse with explicit directions as to its use. Only one strain was used; the directions were to spray copiously both nose and throat three times a day and not use any other treatment. A summary of the results is given and the following conclusions end the paper: 1. The use of the spray caused no unpleasant symptoms. 2. The use of the spray did not appreciably lessen the period of quarantine. 3. The preparation and distribution of the spray entails a large amount of work if there are many cases. 4. Apparently most of the carriers do not spread the disease after sixty days from the day the disease begins. 5. Public health officials could work more effectively if they had some practical method of determining the virulence of diphtheria bacilli found in the throats of carriers.

Yatren and the Intravenous Injection of Antitoxin in Diphtheria.

Of late years diphtheria in Berlin has shown unwonted virulence, and so many cases have died in spite of the antitoxin that the question is frequently raised as to what actual proof we have that the antitoxin does good. The opponents of its use say that the more favorable statistics of recent years are due to the benign character of the epidemic. Somewhat shaken in his faith by a number of fatal cases, Kausch (Deutsch. Med. Woch. 48, 1913) started out treating every other case with antitoxin and the alternate ones without. The results were so strikingly in favor of the antitoxin treatment that K., in justice to his patients, soon felt obliged to discontinue the experiment. He is also strongly impressed with the superior efficacy of the intravenous injection of the antitoxin and recommends this method strongly in severe cases, or in cases that have been allowed to run for some days without the antitoxin. Another valuable aid in the fight is the use of Yatren (formerly called Tryen). This he gives as a powder in doses of 0.2—0.6 grm. Yatren seems

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to have a strong germicidal power, with little tendency to injure the tissues; and K. is quite sure that by its use in severe epidemics he gets decidedly better results than by the antitoxin alone. Kausch also considers yatren to be of the greatest use in ridding the throat of latent diphtheria germs, and in the prophylaxis of the disease. GIFFORD.

Gastric Ulcer.

J. B. Nichols, Washington, D. C. (Journal A. M. A., January 3), is of the opinion that much of the current dietetic practice in gastric ulcer is based on erroneous grounds. There is one peculiar factor of this condition that he holds is of the utmost importance, namely, the corrosive action of the gastric juice. Wherever the other determining conditions may be, this is a potent factor in producing or maintaining peptic ulcers, and a fundamental and peculiar object in the treatment is the reduction to a minimum of this factor. Pawlow has shown that the flow of gastric juice takes place in two stages and under two influences when food is ingested. First, there is an immediate flow under psychic influence, and again, fifteen to forty-five minutes later, a chemical stimulation by certain of the foodstuffs. Theoretically, it would be of use to prevent the first factor by using unappetizing foods. The substances active in stimulating the secondary flow have been found to be water, impure peptones, meat extractives and caffein. Some ingredients of the diet, such as carbohydrates, have no special chemical action on the gastric juices, and organic acids (acetic, citric, lactic, butyric) are also included by Foster and Lambert under this head. Among substances that inhibit gastric secretion he mentions sodium bicarbonate and fats, and the fatty diet for gastric ulcer is based on these facts. While it has not been extensively used, Nichols claims that its efficiency has been demonstrated and that it is capable of giving satisfactory results in many cases. Vegetable oils and milk-fat have been mostly used. The high caloric value of cream makes it of special value in gastric ulcer. One quart a day yields sufficient calories for a small person leading a quiet life and the additional calories required in others can be furnished by eggs, bread, etc., in moderate quantities. The use of ice-cream in gastric ulcer has been noted empirically before it was physiologically discovered. Nichols' personal experience with a fatty diet covers about twenty-six cases. Some patients recovered, others were partially or tem-

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porarily relieved, and some were not improved at all. The impression made on him, however, was a favorable one—that an abundance of fat and a restriction of protein is a rational and efficient method of dieting in gastric ulcer and hyperchlorhydria.

Technique in Radiotherapy.

With Especial Reference to Deep Therapy as Practiced at Freiburg, by Kronig and Gauss.

By Arthur F. Holding, M. D., in the American Journal of Roentgenology, Vol. I, Dec., 1913.

It may surprise even Roentgenologists to know that review of the literature from 1896 to 1909 shows that during that time 3,134 cases of malignant conditions alone had been treated by the X-ray and reported. This does not include cases of non-malignant skin diseases.

MYOMA.

Number of cases treated		794
Number of cases still under treatment		60
Number of cases which continued treatment		27
Number of cases lost track of		40
		—127
Number of cases treated in which results are known	667	
Number of cases cured	376, or	56.02%
Number of cases improved	208, or	31.01%
Number of cases unimproved	74, or	11.01%
Number of cases relapsed	7, or	1.00%
Number of cases dead	2, or	0.29%
Number of cases which developed an X-ray erythema	52, or	7.08%

METRITIS, ENDOMETRITIS, MENORRHAGIA OR MENOPAUSE.

Number of cases treated		353
Number of cases still under treatment		39
Number of cases which discontinued treatment		33
Number of cases lost track of		10
		—82
Number of cases in which results are known	271	
Number of cases healed	127, or	46.8%
Number of cases improved	111, or	41.0%
Number of cases unimproved	28, or	10.3%
Number of cases relapsed	4, or	1.5%
Number of cases dead	1, or	0.4%
Number of cases which developed an X-ray erythema	11, or	4.1%

(1) Roentgen treatment is indicated in:

(a) All cases of myoma in elderly patients, particularly if the size of the tumor is stationary.

If there is no bleeding.

If the tumor does not cause kidney or heart blockade.

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If the tumor does not crowd the pelvis.

(b) Cases of myoma, if the patient is deeply anaemic, diabetic, nephritic, bronchitic, arteriosclerotic or possessed of a bad heart or large thyroid.

Results were obtained by these methods, but the patient's treatments extended over three to five months.

Kronig and Gauss have reported favorable results in carcinomas of the face, breast, rectum and uterus. Ashoff, Kronig and Gauss have reported a series of twenty-five abdominal cases, which an exploratory laparotomy proved to be inoperable carcinomata of the abdominal or pelvic organs. Histological sections were obtained, and limited areas of the lesions were taken from these rayed areas, and they showed marked degeneration or absence of the carcinoma elements and their replacement by connective tissue.

Bumm and Voights have reported thirteen cases of carcinoma of the cervic and four cases of carcinoma of the vulva and vagina that were treated by Roentgen deep therapy, in combination with mesothorium. These cases were all inoperable and were so favorably influenced by the treatment that they became operable with good results. The cases received from 62 to 10,000 X of Roentgen rays, and from 6,200 to 25,540 mg. hrs. of mesothorium, treatments lasting from 19 to 84 days. A noticeable tendency in the series of cases reported to increase the mesothorium treatments and diminish the amount of X-rays used is significant. W. H. Mick (Omaha).

Abderhalden's Method in Carcinoma.

There is, in Brockman's opinion, sufficient evidence to show that the blood of persons suffering from carcinoma contains a substance absent in the blood of all others, and that this substance has a proteolytic action on the carcinoma tissue only. There are also several factors which point to its being of the nature of a ferment. If the serum from a patient is left to get stale it becomes inactive, but the addition of a trace of fresh human serum will activate it again. The reaction takes place best at 37 C. At room temperature the reaction does not occur, while heating the serum to 55 C. for five minutes inactivates it beyond recall. If, then, as is maintained, this substance is of a protective nature, it would be natural to expect to find it present in larger quantities in patients who were in good general health.

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The results of these tests point strongly to such being the case. Brockman has noticed throughout the whole series that a patient with a growth of the tongue or of the breast who is in good general condition will give an intensity of coloration in twelve hours which a patient in a low state of health would fail to give in twenty-four hours.—Cancer.

Check on the Development of Mental Degeneracy.

There are about fifty thousand persons of unsound mind in Hungary at the present day. Dr. Decsi has drawn attention to the fact that more than one-third of this insanity is caused by drink and veneral diseases. He suggests the following rules for checking the development of mental degeneration at the present day: (1) Prevention of those who have been insane once from marrying. It may be stated as a certainty that many women who have had one attack of lunacy would have remained free from a second attack had they not married. (2) Immediate legislation for compulsory confinement of habitual drunkards, who are the greatest propagators of lunatics and degenerates, and who should therefore be legally restrained from inflicting their own vice on other human beings. (3) Prohibition of marriage by habitual drunkards. (4) Care in the administration of alcohol to women, as this very often makes the offspring a drunkard or a lunatic. (5) General reformation of the marriage system, with certain health requirements. (6) Prohibition of marriage by paralytics, epileptics, consumptives and those affected with cancer. (8) Restriction of the liquor trade. (9) The establishment of intermediate houses, so to speak, where those suffering from acute, but curable, insanity could be placed instead of being incarcerated in lunatic asylums.

Acute septic arthritis may occur by hematogenous infection, especially in infants of depressed vitality, and are analogous to the acute bone infections. The disease is at first limited to one joint and may go on to suppuration. The diagnosis from acute rheumatism is difficult at first, but the absence of immediate spread to the joints, and the signs of suppuration, soon renders the diagnosis clear.

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NEBRASKA NOTES AND NEWS.

Dr. Fischer of Ogalalla has removed to Lewellen, Neb.

Dr. Porter, formerly of Omaha, has located in Sutherland.

Dr. E. V. Blak of Alma, Neb., has removed to Bristow, Neb.

Dr. Caldwell is reported as a new physician in Red Cloud, Neb.

Dr. Bates of Pilger, Neb., is reported to have removed to Castina, Ia.

Dr. E. M. Stewart of Imperial, Neb., was in Omaha on business the early part of January.

Dr. F. H. Lally has located in Jackson, Neb., succeeding Dr. B. J. Leahy, recently deceased.

Dr. John S. Simms of Chicago is a new physician recently located in North Platte, Neb.

Dr. Paul Siberts has removed from Sutherland to Oklahoma. He is succeeded by Dr. Gordon.

Dr. B. B. Davis of Omaha was elected president of the Western Surgical association at its recent meeting in St. Louis.

Dr. C. E. Mullinax of Princeton, Mo., has located in Hayes Center, Neb., where he will practice medicine and surgery.

Dr. H. P. Bradenberg of Lander, Wyo., has removed to Green River, Wyo., wher he will in the future make his home.

Dr. B. E. Robinson of Arnold, Neb., an early physician of Custer county, died at his home on December 19, aged 47 years.

Dr. E. D. Collette of Wallace, Neb., died at a hospital in North Platte December 31 from heart disease, at the age of 51.

Dr. Timothy J. Dwyer of Omaha and Miss Susan Mary Flanagan were married at St. John's church, Omaha, on January 7.

Dr. B. J. Leahy of Jackson, Neb., died at his home the latter part of December of arteriosclerosis, at the age of 43 years.

A daughter was born to Mr. and Mrs. Dell Green of Hastings, Neb., December 17, with two well-formed teeth in the lower jaw.

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Dr. Henry Farrell of Axtell, Neb., has moved to Wallace, Neb., where he intends to engage in the practice of medicine and pharmacy.

Dr. Adolph Sachs of Omaha left December 27 for Germany, where he will spend three or four months in advance study along his special lines.

Dr. and Mrs. Edward C. Lynch have bought the Sacred Heart hospital of Valentine, Neb., and will conduct it under the name of Valentine General hospital.

Dr. John L. Sears of Winifred, Mont., and Miss Jean Campbell of Oakland, were married on December 24 at the home of the bride's parents in Oakland, Neb.

Dr. Albert L. Kee of Cambridge, Neb., and Miss Edith Waite of McCook, Neb., were married the middle of December at the home of the bride's parents. They will make their home in Cambridge, Neb.

Dr. Syl Person of Stanton, Neb., for many years a physician of Cuming county, died at his home on Christmas eve. He had retired from practice and was devoting himself to caring for his real estate interests.

The many acquaintances of Dr. J. Lue Sutherland of Grand Island will be sorry to learn that on a trip to the country, January 3, his automobile caught fire and was totally destroyed. The doctor was not injured.

On the evening of January 8 the staff of St. Joseph's hospital, Omaha, along with many friends of the institution, were entertained by the Sisters of St. Francis at a sumptuous banquet. This annual affair at St. Joseph's hospital is such a delightful occasion that it is looked forward to with pleasure and anticipation each year by all who are connected with the institution. This year the Sisters surpassed themselves in their efforts to delight their guests and please the palates of those they were entertaining.

GENERAL NOTES AND NEWS.

Colonel Oliver H. Payne, New York City, has given $4,350,000 to Cornell Medical college.

Dr. A. Campbell Geddes, formerly professor of anatomy in the Royal College of Surgeons, Ireland, has been appointed professor of anatomy in McGill university.

It is announced that the State Tuberculosis sanatorium, Norton, Kas., will be ready to receive patients early in January, although the entire building will not be complete until summer.

The supreme court of New Jersey has recently set aside as unconstitutional the act of 1911 providing for the sterilization of epileptics, the feebleminded, criminals and other defectives.

Brigadier General George Henry Torney, surgeon general, United States army, died at his home in Washington, December 27, from bronchial pneumonia, aged 63. He was born in Baltimore.

Dr. Wm. Knapp, of Hope, Idaho, was fined $50 for practicing medicine in Montana without a license. He went across the state line from Idaho to Trout Creek to attend some cases of typhoid fever.

An army medical school has been established at Ottawa, Canada, in connection with the central laboratory of hygiene. Military medical officers will be trained in laboratory work and army sanitation.

The auxiliary to the University of Stanford clinic, at a meeting recently held at Lane hospital, San Francisco, effected a permanent organization to care for patients after their discharge from the hospital.

The health commissioner of Minneapolis on November 20 made first use of the state law which authorizes health officers to remove tuberculosis patients from private homes to public hospitals in order to prevent the spread of infection.

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The Alabama Society of Moral and Sanitary Prophylaxis was organized at Birmingham December 29. George H. Denny of the University of Alabama was elected president; Dr. George Petrie, Auburn, a vice president, and Dr. William W. Dinsmore, Montgomery, secretary.

Several prominent Chicago women have received blackmailing letters recently which the writer said contained pathogenic bacteria which would inevitably cause a fatal sickness in the recipients unless they left a large amount of money as directed in which case the writer of the letter would send an antidote.

The provision of the sanitary code of the city of New York which makes it a misdemeanor "to receive or have in possession" any receptacle used in the transportation or delivery of milk or cream which has not been washed immediately after emptying, has been sustained by the highest court of the state of New York.

Sir Malcolm Morris of London, presiding at a lecture on leprosy on November 19, in that city, surprised his hearers by the assertion that London contains many lepers, and that efforts are now being made to provide a small institution for their care. England has no law preventing the entrance of lepers to the country.

Carl H. von Klein, well known in Chicago as a collaborator of medical and collateral literature, as a translator and abstractor of medical articles, noted as an Egyptian scholar, whose work on the "Papyrus Ebers," was almost ready for issue, died in the Cook county hospital, December 12, from diabetic gangrene, aged 71.

Rush alumni to the number of 275 held an enthusiastic banquet at the Hotel Sherman, November 13. Dr. A. M. Corwin presided and submitted a proposition to raise an endowment fund of $30,000. The alumni present subscribed $3,500 and a plan was formulated for securing subscriptions from members of classes not present at the banquet.

Dr. Walter L. Bierring, president, and Dr. Guilford H. Sumner, secretary, of the Iowa state board of health, announce to the people of the state that the plan of work outlined by the board contemplates a sanitary investigation of every city and town line, including inspection of all public water supplies, sewage disposal plants and means of garbage disposal.

Justice Seabury of New York has rendered a decision in favor of Mrs. Bridget Peixotto, who had been suspended for absenting herself from school duties for the purpose of bearing a child. The court has expressed the opinion that the board of education has no right to dismiss a married teacher who absents herself from school to give birth to a child and that any attempt to do so would be against good morals.

The board of trustees of Cornell university announces that a gift of about $4,000,000 has been made to endow the Cornell university medical college. It is understood that the donor is Colonel Oliver Hazard Paine, New York City, who gave $500,000 several years ago for the establishment of the school. This endowment fund will provide an annual income of $200,000 for the medical school. This is one of the greatest individual gifts ever given to an education institution, and it is especially pleasing that it is given for the advancement of medical education.

INCREASE IN CANCER DEATH RATE.

During the past ten years the death rate from cancer has increased 30 per cent among males and 22 per cent among females in the United States registration area. The mortality from external cancer has increased 55 per cent in ten years. In the past thirty years the apparent death rate from cancer has increased 100 per cent in the population of Massachusetts and New Jersey and sixteen American cities. In England and Wales it has increased 93 per cent.

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SOCIETY MATTERS

To the Members of the Nebraska State Medical Association:

Please read this section of our Constitution and By-Laws, then send title of your paper with a brief abstract of it to the proper Secretary as herein indicated.

Sec. 2, page 20. The Committee on Scientific Work shall consist of the Secretary, who shall be Chairman, and the Chairman and Secretary of the Sections, who shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates or of the Association, or to the provisions of the Constitution and By-Laws. Fifteen days previous to each annual session it shall prepare and issue a program.

Section on Medicine, Dr. R. W. Bliss, Omaha, chairman; Dr. Roy Dodge, secretary, room 446 Brandeis building, Omaha, Neb.

Section on Surgery, Ophthalmology and Otology, Dr. S. C. Beede, David City, chairman; Dr. C. H. Newell, secretary, room 611-14 City National Bank building, Omaha, Neb.

Section on Obstetrics and Gynecology, Dr. C. A. Allenburger, Columbus, chairman; Dr. J. W. B. Smith, secretary, Albion, Neb.

All program material should be in the hands of your committee by March 31, 1914.

JOSEPH M. AIKIN, Secretary.

DAWSON COUNTY MEDICAL SOCIETY.

The Dawson County Medical society officers for 1914 are: President, Dr. E. M. Tayman, Cozad; vice president, Dr. C. L. Emmons, Overton; secretary and treasurer, Dr. Arthur Wade, Lexington; delegate, Dr. J. H. Fochtman, Cozad; alternate, Dr. William Birkofer, Gothenburg.

SAUNDERS COUNTY MEDICAL SOCIETY.

The annual meeting of the Saunedrs county Medical society was held at Wahoo, Neb., Thursday evening, January 8, 1914.

The board of censors reporting favorably on the application of Dr. Mark A. Nye of Weston, Neb., he was unanimously elected to membership.

After the usual business the election of officers took place, as follows: President, E. O. Weber, M. D., Wahoo, Neb.; vice president, E. T. McGuire, M. D., Mead, Neb.; treasurer (re-elected), A. S. von Mansfelde, M. D., Ashland, Neb.; secretary (re-elected), M. A. Quincy, M. D., Ashland, Neb.; censor, Chas. F. Kirkpatrick, M. D., Ashland, Neb.

Dr. A. C. Stokes of Omaha presented a paper, "Remote Effects of Local Infections," which provoked much well-merited kindly discussion.

The society extended its hearty thanks to Dr. Stokes for the presentation of this paper.

Then Dr. James M. Patton of Omaha in "Aural Prophylaxis" gave some very practical advice. The lengthy discussion of this paper showed in part how much it was appreciated, and the society also unanimously thanked Dr. Patton for the presentation of this paper.

Both the readers kindly consented to funrish copies of their papers for publication in the Western Medical Review of some future date.

Adjourned to April 9, 1914.

M. A. QUINCY, M. D., Secretary.

THE NEW STATE BACTERIOLOGICAL LABORATORY AND ITS DIRECTOR.

The new state bacteriological laboratory will soon be in full operation. This is one of the most important steps in health work that has ever been

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undertaken in Nebraska. It looks to the prevention of the spread of infectious, contagious and preventible diseases, as well as the improvement of general health conditions. Nearly every state has such an institution and it is a real necessity in order to handle present-day health conditions.

Dr. Wm. F. Wild has been selected by the state board of health as director of the laboratory. Dr. Wild is a thoroughly competent medical man, having passed the state boards of Louisiana and Illinois, and being entitled to register by reciprocity in Nebraska. He is a gentleman of personality and pleasing character as well as of scholarly traits, and deeply interested in his life work. He was graduated both in arts and in medicine from Tulane university at New Orleans, La., specializing in bacteriology, quarantine and sanitation. After graduating he did special work for a number of years designed to fit himself for the position of a specialist in bacteriology. He served in various departments of the United States government medical service, notably in the marine hospital, and then took up work in the tropics, where special activities have been had during the past few years in the line of sanatation and study of bacteriological conditions. The British government in particular has conducted research and experiments along these lines, so Dr. Wild made the Danish settlements and colonies at St. Thomas and St. Croix his headquarters, being associated with the king's physician in his work among the islands of the West Indies. He also visited, studied conditions in and worked in Mexico, British Honduras, Gautemala, Spanish Honduras, Nicaragua, Costra Rica, Panama, Cuba, Porto Rico and Cuba.

Dr. Wild therefore comes to his work thoroughly equipped to render efficient service. At the time of his employment on the part of the state, he was employed in laboratory work in the city of Chicago.

It is to be hoped that both Dr. Wild and the laboratory will receive support from the medical profession which they deserve. A bulletin will be issued shortly by the state board fully explaining the functions and working of the laboratory and will be furnished to all the medical profession.

DR. H. B. CUMMINS, Secretary, Seward, Neb.

BOOK REVIEWS

EPIDEMIC CEREBROSPINAL MENINGITIS.

By Abraham Sophian, M. D., formerly in New York Research Laboratory. 258 pages, 28 illustrations. Published by C. V. Mosby Co., Metropolitan Building, St. Louis, Mo. Price, $8.

A number of striking photografs of actual patients are reproduced, giving those who have never seen a case a vivid impression of the facies and decubitus of the disease. Full directions are given for the use of the apparatus for injecting antimeningitis serum. Many cases are reported, and blood pressure and temperature charts are reproduced. Phophylaxis, quarantine and medicinal treatment are discussed. Full space is given to symptomatology, laboratory diagnosis and complications which may arise. The matter of etiology is gone into in minute detail. It is an excellently well-written book. It is the only monograph yet published in the English language on this intensely interesting and very important subject. The very latest knowledge is incorporated, and the text is clear and to the point.

OPHTHALMOLOGY FOR VETERINARIANS.

By Walter N. Sharp, M. D., Professor of Ophthalmology in the Indiana Veterinary College. 12mo of 210 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $2 net.

I have carefully reviewed Dr. Walter N. Sharp's book on Ophthalmology for Veterinarians and find in it a useful fund of information. It should prove to be of invaluable assistance to students as a text book. The illustra-

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tions are good, clear and concise, and cover pretty thoroughly the field of the numerous injuries to which the eye is subject. The book would grace the library of every veterinarian.

G. R. YOUNG, D. V. S. (Omaha).

DIET LISTS OF THE PRESBYTERIAN HOSPITAL

New York City. Compiled, with notes, by Herbert S. Carter, A. M., M. D., Consulting Physician to the Lincoln Hospital, Associate in Medicine at Columbia University, and Assistant Visiting Physician to the Presbyterian Hospital, New York City. 12mo of 120 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1 net.

The Diet Lists contained in this volume were prepared primarily for use in the Presbyterian hospital, and the comments on the different diets added subsequently.

The aim is to show a rational mean in the quantity of protein recommended which will allow a sufficient margin of safety and still be considered below the old standards of supposed protein requirement. No hard-and-fast line has been drawn between the requirements of men and women requiring purin-free, low calcium, or salt poor diets, as the cases requiring these diets are never numerous in a hospital ward.

MASSAGE—ITS PRINCIPLES AND TECHNIC.

By Max Bohm, M. D., of Berlin, Germany; edited, with an introduction, by Charles F. Painter, M. D., professor of Orthopedric Surgery at Tuft's Medical School, Boston. Octavo of ninety-one pages, with ninety-seven illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.75 net.

Physical therapeutics should be employed more than it is. We are not securing for our patients the benefits they might reecive, because many of us do not know of the advantages that are inherent in these various physical therapeutic measuers. This volume will enable the reader to become familiar with the technic of massage. The technic is exactly that which is employed in Hoffa's clinic. It is amply and clearly illustrated. The principles are described step by step. The book is of value to physicians, nurses, and those pursuing courses in medical gymnastics. We are making a mild statement when we say: this volume cannot but be of incalculable value to every possessor and as such merits the earnest consideration of every practitioner to the extent that he purchase it, study it and apply its teachings.

THE PRACTICAL MEDICINE SERIES.

Comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume VI. General Medicine, edited by Frank Billings, M. S., M. D., Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, A. M., M. D., Professor of Medicine, Chicago Clinical School. Series 1913. Chicago: The Year Book Publishers, 827 S. LaSalle St.

It gives us pleasure to call attention to another issue of the Practical Medicine Series. These volumes are issued at monthly intervals and cover the entire field of medicine and surgery, each volume being complete for the year prior to its publication on the subject of which it treats. The arrangement in several volumes enables those interested in special subjects to buy only the parts they desire.

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DISEASES OF THE EYE.

By George E. de Schweinitz, M. D., Professor of Ophthalmology in the University of Pennsylvania. Seventh edition, thoroughly revised. Octavo of 979 pages, 360 text illustrations and seven lithographic plates. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $5 net. Half Morocco, $6 net.

Any book passing to the seventh edition in any branch of medicine needs little comment from the reviewer, only to mention that it is more complete than ever.

Dr. de Schweinitz' seventh edition of Diseases of the Eye comes from the press this year revised and up to date on the newer diseases and operations brought out since the last edition. For instance, the trepanation of the cornea after Fergus and Elliot for the relief of tension in glaucoma and now used so extensively in London and Vienna almost to the exclusion of the old iridectomy operation, is well and completely described, as is also the Reece muscle resection operation.

Special paragraphs on the newer diseases of the conjunctiva and cornea and the use of salvarsan in eye diseases are appearing for the first time.

The cuts used in illustration of the diseases and especially the cuts for operations are very plain and complete. The first edition of this work appeared in 1892, the last in 1913, which covers a period of almost a quarter of a century, and during this time De Schweinitz has been one of the leading American authorities. Practitioners and students will find the work easy to read, and practical. ARNOLD (Omaha).

Ganassini found zinc sulphate to be a very sensitive test for uric acid, and by using it the well known murexide reaction may be dispensed with. If an aqueous solution of zinc sulphate be added to a solution of uric acid, or of an alkaline urate, a white, basic urate of zinc separates out. On exposure to air it is said to assume gradually a greenish or blue color. This reaction is not affected by the presence of albumens, hence it may be used for the detection of uric acid in blood.

Go slow in your advocacy or use of rectal anesthesia. One case reported showed that death resulted from necrosis of the large intestines, as the consequence of the action of the vapor of the anesthetic upon the tissues. Besides this, how are you going to stop the action of the anesthetic when it has already been injected into the bowel, and the patient shows signs of having had enough.

Desiccated Antitoxin and Serums.

Eichholz (Muench. Medizin Wochens.) states that experimental research has apparently demonstrated that a suspension of desiccated serum in olive oil seems to retain all the therapeutic possibilities unimpaired while the serum is absorbed so much more slowly and gradually that there does not seem to be any danger of anaphylaxis or serum sickness. The desiccated serum naturally cannot be used where speedy action is wanted, but it may be found useful in prophylaxis and in cases in which there are reasons for anticipating trouble from anaphylaxis.

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WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

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COLLABORATORS—SUBJECT TO REVISION.

WYOMING SECTION.

Keith, M. C., Casper; Marshall, T. E., Sheridan; Nelson, N. D., Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XIX. CHEYENNE, WYO., FEBRUARY, 1914 No. 2

ABSTRACTS

Radiotherapy in Gynecology.

Hendly (Therap. Monats.) states that all hemorrhage was arrested in 92.5 per cent of the cases of bleeding myoma in his service in which Roentgen therapy has been applied in the last three years. The treatment is not used when there is suspicion of cancer or recent disease in the adnexa. Climacteric hemorrhage was arrested in 94 per cent of the cases; menorrhagia without local findings in young women, and chronic metritis were cured in every instance. Essential pruritus also responded favorably in one or a few sittings with low dosage. Combined radiotherapy has its special field in malignant disease, and it is already established that the method has a destructive action on cancer but whether it roots it out completely time alone will tell.

Intestinal Hyperthyroidosis.

J. C. Hemmeter, Baltimore (Journal A. M. A., December 13), after noticing the hitherto current theories of hyperthyroidosis and its etiology, notices the work and views of von

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Noorden, McCarrison and Sasoki indicating an intestinal and probably a microbe origin of the condition, and briefly reports three cases in which chronic colitis of many years' standing preceded the symptoms. All were relieved by treatment of the bowel disease, after failure of other measures usually employed, including in one case a partial thyroidectomy. The treatment directed to the intestine was more efficacious than that with thyroidin, antithyroidin, or Beebe's antithyroid serum, and he found nothing so good in these colonic cases as lavage of the intestine with 1 per cent solutions of ichthyol. As much as one liter can be used in persons having a large colon, and half as much in those with a small one. He has also found that *Bacillus bulgaricus* in pure liquid cultures administered for a long time reduces the tremor as well as the headaches and insomnia. Further reports are promised of his studies and observations, especially with reference to search for a specific organism in the intestines and feces, but none such have been isolated up to the present time.

Sciatica.

H. A. Cables, East St. Louis, Ill., (Journal A. M. A., December 27), has treated eight cases of sciatica by hypodermic injections of a 4 per cent solution of quinine and urea hydrochloride in a normal salt solution in the subcutaneous tissue over the course of the nerve. No attempt was made to inject the nerve itself. There were fifty injections in all and no untoward result except a little soreness that follows any hypodermic injection. Seven patients received six injections each and one received eight. All were relieved after the first treatment and none had any severe attack after the third. The duration of the cases ranged from one to thirteen weeks before the first treatment and half the patients had been previously treated by other physicians for variable length of time.

Efficiency in Nursing.

W. Gilman Thompson, New York (Journal A. M. A., December 13), takes up the much-neglected field of the economic side of ward nursing and the waste of energy which is caused by ill-directed and ignorant methods. Recent magazines are full of articles discussing efficiency and how to avoid the unnecessary waste in various employments but nobody has studied the

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problem in hospital nursing. He has had opportunity to observe in several large hospitals and finally began to gather statistics. He first tried having the nurses wear pedometers. In one hospital he found that the day nurse walked 7½ miles a day, in others 5½ miles. In one hospital where the wards were so long that the farthest bed is 120 feet from the ward kitchen tables, it was the custom to carry the meals separately to each bed three times a day and the nurses had to walk two miles a day merely to serve meals. An additional consideration was the minor factor of promenading up and down the ward were quiet would be desirable. He suggested trucks, which were at first objected to but which subsequently brought him a blessing from the objectors, and he also cut down the weight of the absurdly heavy trays. The article is full of such detailed hints which he does not think unreasonable. "The modern training attitude," he says, "is so increasingly pedagogic and so decreasingly humanitarian that I am unable to recall a single suggestion originating with the officers of a school designed to promote the comfort of patients in bed, and I know of more than one school in which nurses are reprimanded for following their natural impulses to favor the individual. I have sometimes doubled a pillow temporarily to ease the position of a dyspneic patient, the nurse telling me she did not dare do it herself." Physicians themeslves are often lacking in consideration. Nurses are sometimes kept waiting for learned bedside discussions when they ought to be serving a glass of water or easing an aching limb. The custom of rotating the doctor's service he thinks is disadvantageous. There should be one continuous director and the patients should not be subjected to the varying notions and whims, it may be, of short-term medical service. He has not found it easy to obtain facts as to the effects of the hospital course of training on the health of nurses from the training school records, but he pleads for a greater efficiency in nursing in order to conserve the nursing force, and for the greater use of common sense appliances for the comfort of patients.

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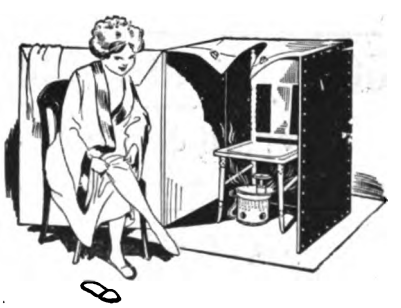

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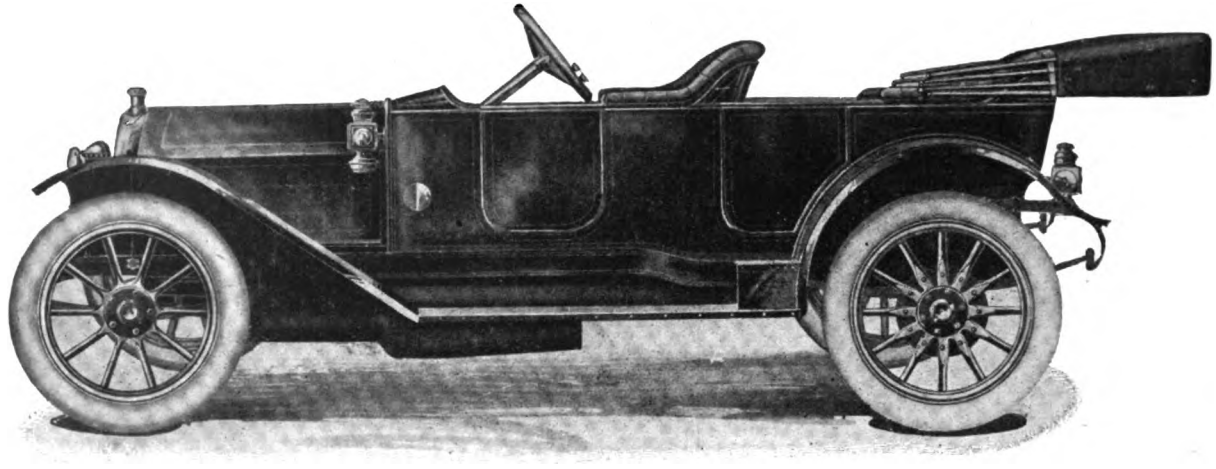

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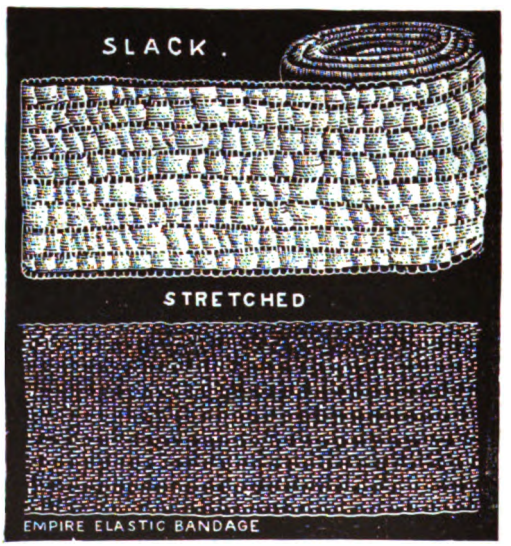

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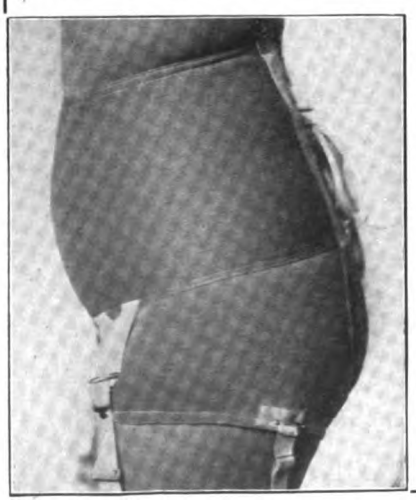

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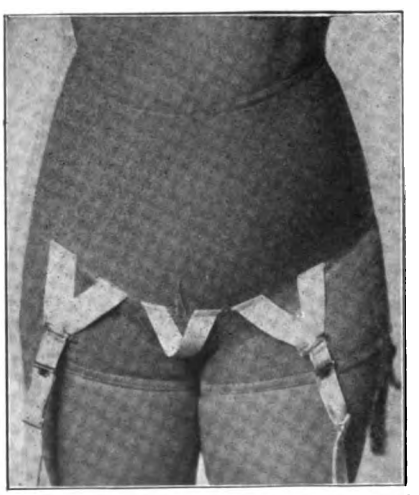

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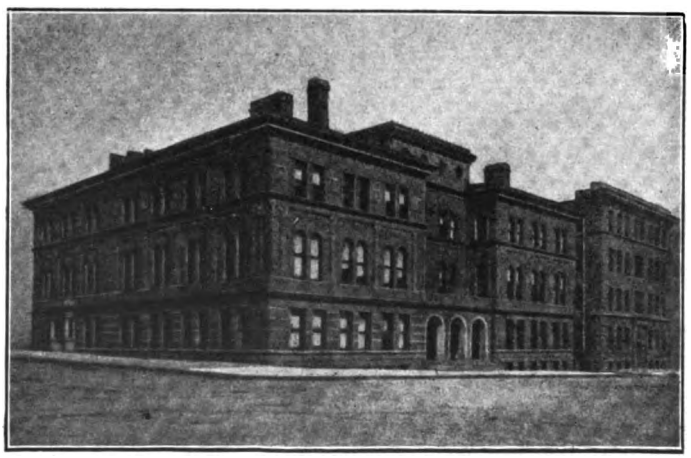

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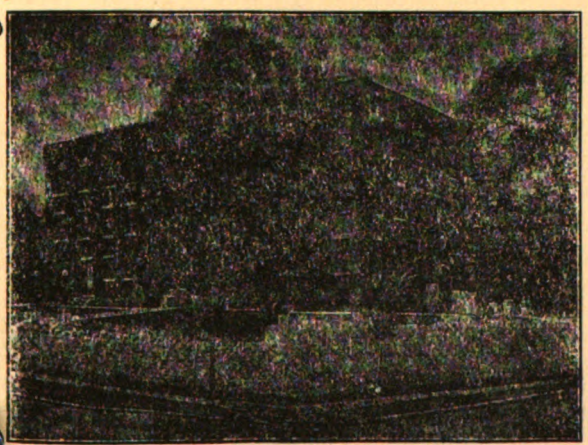

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